

Case Number:	CM14-0022820		
Date Assigned:	06/11/2014	Date of Injury:	11/23/1995
Decision Date:	12/23/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/24/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 47 year old with an injury date on 11/23/95. Patient complains of thoaco-lumbar spine pain that has not changed per 11/18/13 report. An MRI scan of the L-spine showed a disc herniation at L5-S1 per 11/18/13 report. Based on the 1/13/14 progress report provided by the treating physician, the diagnoses are: 1. displacement of lumbar intervertebral disc without myelopathy 2. lumbosacral spondylosis Exam on 11/18/13 showed "decreased L-spine range of motion." Patient's treatment history includes medications, trigger point injection. The treating physician is requesting physical therapy for 12 sessions lumbar spine. The utilization review determination being challenged is dated 2/11/14. The requesting physician provided treatment reports from 5/10/13 to 1/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

PHYSICAL THERAPY FOR 12 SESSIONS, LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: This patient presents with thoraco-lumbar spine pain, and left shoulder pain and is s/p left shoulder arthroscopy with acromioplasty, subacromial bursectomy, and partial synovectomy from 1/6/14. The treater has asked for physical therapy for 12 sessions lumbar spine on 1/13/14. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, there is no record of recent therapy for the L-spine and a short course of treatment may be reasonable for a flare-up, declined function or new injury. However, the treater does not indicate any rationale or goals for the requested 12 sessions of therapy. There is no discussion regarding treatment history to determine how the patient has responded to therapy treatments. Furthermore, the requested 12 sessions exceed what is allowed by MTUS for this type of condition. The requested treatment is not medically necessary and appropriate.