

Case Number:	CM14-0026040		
Date Assigned:	06/13/2014	Date of Injury:	04/11/2013
Decision Date:	07/18/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/28/2014

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 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 48-year-old male with a date of injury of 04/11/2013. The listed diagnosis per [REDACTED] is lumbar herniation nucleus pulposus L4-L5 8mm. On 10/01/2014, [REDACTED] reported the patient is currently receiving physical therapy treatments for his lower back complaints. He has been given the option of epidural injection and surgery. However, he has elected to complete the physical therapy treatments before considering any intervention. In the progress report 02/06/2014, the patient complained of persistent back pain. There is pain and numbness in the right leg. Physical examination of the lumbar spine showed range of motion was 85% with positive straight leg raise at 60 degrees. The treater requested physical therapy 2 times a week for 6 weeks for the lumbar spine. Utilization review partially certified the request from 12 sessions to 3 additional sessions on 02/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 1 X WK X 3 WKS LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation ODG Low Back.

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

Decision rationale: Medical records indicate the patient received 8 physical therapy sessions in January 2014. The patient also received a course of 12 sessions in August of 2013. Physical therapy notes indicate an increase in ROM and "decreased in radicular symptoms" with physical therapy. For physical therapy medicine, the MTUS Chronic Pain Guidelines pages 98 and 99 recommends for myalgia, myositis, and neuralgia type symptoms 9 to 10 sessions over 8 weeks. In this case, medical records indicate the patient has received 20 physical therapy sessions within the last 5 months. Although progress reports indicate mild improvement, the treater does not discuss why the patient is unable to transition into a home exercise program. The requested additional 3 sessions of physical therapy are not medically necessary and appropriate.