

Case Number:	CM14-0028329		
Date Assigned:	06/13/2014	Date of Injury:	06/06/2011
Decision Date:	07/17/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/04/2014

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 54-year-old female with an injury date of 06/06/11. Based on the 02/10/14 progress report provided by [REDACTED], the patient complains of pain in her lower back, radiating to her left lower extremity. She also has pain on the left hip bursa and the right knee. Lumbar spine has tenderness and spasm. Lasegue test is positive on the left. Weakness is noted in ankle eversion of the left ankle and a decreased sensation is present at the lateral aspect of the left foot. The patient's diagnoses include the following: 1. Disc protrusion, 5 mm, L5-S1, migrating to the left, with left sided S1 radiculopathy; 2. Trochanteric bursitis, left hip; 3. Meniscal tear, right knee, status post arthroscopy, with posttraumatic osteoarthritis. A 08/31/12 MRI of revealed a left lateral disc herniation at the L5/S1 level with positive left L5 root compression in the foramen. [REDACTED] is requesting for physical therapy 3 x 4 for the lumbar spine. The utilization review determination being challenged is dated 02/27/14. [REDACTED] is the requesting provider, and he provided treatment reports from 08/05/13-02/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3X4 LUMBAR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the 02/10/14, progress report provided by [REDACTED] [REDACTED] the patient complains of pain in her lower back, radiating to her left lower extremity. She also has pain on the left hip bursa and the right knee. The request is for physical therapy 3 x 4 lumbar. The 12/30/13 report by [REDACTED] states that the patient has already had 24 sessions of physical therapy. However, there is no indication of when these sessions took place or the impact they had on the patient. MTUS guidelines pages 98, 99 states that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. In this case, the treater has asked for 12 total sessions of therapy for the patient's lumbar spine. A short course of treatment may be reasonable if the patient is flared-up, has a new injury or aggravated. However, such documentations are not provided and the request of 12 sessions exceeds what is allowed per MTUS. Recommendation is for denial.