

Case Number:	CM14-0028539		
Date Assigned:	06/13/2014	Date of Injury:	03/16/2012
Decision Date:	07/28/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/03/2014

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 28-year-old male with a date of injury of 03/16/2012. The listed diagnoses per [REDACTED] are: 1. Degeneration of intervertebral disk. 2. Displacement of lumbar vertebral disk without myelopathy. According to progress report 01/09/2014 by [REDACTED], the patient presents with a recent increase in back pain with radiating left leg pain along the posterior calf into his foot. The patient also experiences numbness and tingling in the bottom of his foot, which he believes is worsening. As noted, the patient has tried acupuncture, physical therapy, chiropractic treatments, as well as epidural injections but continues with symptoms. The patient is taking the medications Anaprox and tramadol. The patient is "trying to work on his own exercises and core strengthening program." The treater states that the treatment option at this time is to hold off on any surgical intervention. The patient would like to first continue with more conservative treatment including a course of physical therapy to focus on core and lumbar strengthening and restoration of muscle strength and balance. The request is for physical therapy two (2) times a week for four (4) weeks for the lumbar spine. Utilization review denied the request on 02/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two (2) times a week for four (4) weeks for the lumbar spine: Upheld

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

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

Decision rationale: This patient presents with low back pain that radiates along his left leg, into his calf and foot. Review of the reports show that the patient has tried physical therapy, acupuncture, and chiropractic treatments with minimal relief in the past. The patient would like to postpone surgical intervention and would like to continue with conservative treatment including another course of physical therapy. The current request is for physical therapy two (2) times a week for four (4) weeks for the lumbar spine. The Chronic Pain Guidelines recommend nine to ten (9 to 10) sessions of physical medicine over eight (8) weeks for neuritis, neuralgia, and myalgia-type symptoms. In this case, review of medical records indicates that the patient participated in a course of eight (8) sessions in early 2014. However, therapy treatments have failed to effective in improving this patient's condition and the patient is doing home exercises. The current request combined with the recently completed eight (8) sessions would exceed what is recommended by the guidelines for the kind of condition this patient suffers from. The request is not medically necessary.