

Case Number:	CM14-0033237		
Date Assigned:	06/20/2014	Date of Injury:	10/05/2010
Decision Date:	08/05/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/17/2014

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 Pain Management, 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 66-year-old male with date of injury of 10/05/2010. The listed diagnoses per the treating physician are status post microdiscectomy and radiculopathy. According to the progress report 02/03/2014, the patient complains of low back pain and right buttock pain when walking. He also has right foot numbness and ambulates with a cane most of the time. The examination finding, reports patient walks with a limp and utilizes a cane. This is the extent of the physical examination reporting. The request for authorization from 02/11/2014 requests physical therapy twice a week for eight weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice weekly lumbar spine per 2/11/14 form quantity 16: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines Low back (web updated 2/13/14).

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

Decision rationale: This patient presents with chronic low back pain. It was noted the patient is status post microdiscectomy from February 2011. The progress reports indicate the patient has radiculopathy, walks with a limp, and utilizes a cane. The treating physician is recommending the patient participate in physical therapy 2 times a week for 8 weeks for the lumbar spine. For physical medicine, the MTUS Guidelines recommends for myalgia, myositis, and neuritis-type symptoms 9 to 10 sessions over 8 weeks. In this case, the treating physician does not discuss treatment history for this patient. There are no physical therapy progress reports provided for review. In this case, the treating physician's request for 16 sessions exceeds what is recommended by MTUS. In this case, the treating physician does not provide a discussion or rationale as to why additional 16 sessions are being requested at this time. It appears the patient has received ample physical therapy sessions up to 2012. There is no indication of a flare-up and no discussion regarding why the patient is unable to participate in a self-directed home exercise program. Recommendation is for denial. As such, the request is not medically necessary.