

Case Number:	CM14-0033805		
Date Assigned:	06/20/2014	Date of Injury:	05/03/1994
Decision Date:	07/22/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/18/2014

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 Pain Management, 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 53-year-old with an injury date of May 3, 1994. Based on the February 17, 2014 progress report provided by [REDACTED] the patient complains of pain in his low back and legs. He has limited range of motion and a positive straight leg raising test bilaterally. The patient's diagnoses includes lumbosacral strain, status post lumbar laminectomy at L5-S1, and advanced degenerative disc disease at L4-5. [REDACTED] is requesting for physical therapy 3 x week x 4 weeks for the lumbar spine. The utilization review determination being challenged is dated March 3, 2014. [REDACTED] is the requesting provider, and he provided four treatment reports from January 28 to February 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3XWK X 4WK FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN /PHYSICAL MEDICINE GUIDELINES Page(s): 98-99.

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

Decision rationale: According to the February 17, 2014 report by [REDACTED], the patient complains of pain in his low back and legs. The request is for physical therapy for the lumbar

spine three times weekly for four weeks. The February 5, 2014 report states that the "Patient has not had any recent physical therapy and is interested in undergoing this type of treatment to see if his symptoms would improve without more invasive types of procedures." The Chronic Pain Medical Treatment Guidelines states that for Myalgia and myositis, nine to ten visits are recommended over eight weeks. For Neuralgia, neuritis, and radiculitis, eight to ten visits are recommended. In this case, the treating physician has asked for twelve 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 twelve sessions exceeds what is allowed according to the Chronic Pain Medical Treatment Guidelines. The request for physical therapy for the lumbar spine, three times weekly for four weeks, is not medically necessary or appropriate.