

Case Number:	CM14-0036994		
Date Assigned:	06/25/2014	Date of Injury:	02/25/2009
Decision Date:	07/23/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/27/2014

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 & 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 33 year-old male with a 2/25/2009 date of injury. The issue presented for this IMR is the need for additional Physical Therapy for the lumbar spine, 2x6. There are brief reports from [REDACTED], provided for review, but [REDACTED] does not provide a diagnoses. The 1/24/14 report states the patient presents with low back pain with numbness and tingling down both legs to the feet. He has completed 6 of 12 Physical Therapy sessions and notes 20% improvement. [REDACTED] states at this rate, when he completes 12 sessions he will be at 40% improved, so he requests an additional Physical Therapy 2x6. The patient is reported to have less pain and it is not radiating as much

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy for the lumbar spine (2x6): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99 OF 127.

Decision rationale: The patient is a 33 year-old male with a 2/25/2009 date of injury. The issue presented for this IMR is the need for additional Physical Therapy for the lumbar spine, 2x6. There are brief reports from [REDACTED], provided for review, but [REDACTED] does not provide a diagnoses. The 1/24/14 report states the patient presents with low back pain with numbness and tingling down both legs to the feet. He has completed 6 of 12 Physical Therapy sessions and notes 20% improvement. [REDACTED] states at this rate, when he completes 12 sessions he will be at 40% improved, so he requests an additional Physical Therapy 2x6. The patient is reported to have less pain and it is not radiating as much. MTUS guidelines state that up to 8-10 sessions of Physical Therapy are indicated for various myalgias and neuralgias. The patient has already exceeded the MTUS recommendations with the 12 sessions of Physical Therapy provided. The additional 12 sessions of Physical Therapy will still exceed the MTUS recommendations. Therefore, the request for additional twelve (12) physical therapy sessions for the lumbar spine is not medically necessary and appropriate.