

Case Number:	CM14-0037078		
Date Assigned:	06/25/2014	Date of Injury:	10/15/2012
Decision Date:	07/23/2014	UR Denial Date:	03/17/2014
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 and Rehabilitation 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 42-year-old female with an injury date of 10/15/12. Based on the 03/03/14 progress report provided by [REDACTED], the patient complains of lumbar spine pain. She has pain in the right iliolumbar ligaments with some radiation of pain down the right lower extremity with some intermittent numbness and tingling sensations affecting the right leg. She also has weakness in the right leg and a positive right straight leg raise at 40 degrees. Her diagnoses include the following: Right lumbosacral strain; Right lumbosacral radiculopathy; Myofascial pain syndrome. The 07/03/13 MRI of the lumbar spine revealed a small right foraminal protrusion with a fissure at L5-S1. The edge of the herniation is in contact with exiting right L5 nerve root, but it is not the source of flattening. The MRI also revealed a minimal bulge and a question tiny fissure at L4-L5. [REDACTED] is requesting for eight sessions of physical therapy. The utilization review determination being challenged is dated 03/17/14. [REDACTED] is the requesting provider, and he provided treatment reports from 04/22/13- 03/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (PT) X 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

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

Decision rationale: The 07/22/13 report states that the patient "Was treated conservatively with pain medications, physical therapy, and multiple modalities." None of the reports or the utilization review letter indicates how many sessions of therapy the patient had. The MTUS Chronic Pain 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 does not mention the total number of physical therapy sessions the patient has had, nor does he mention how the therapy specifically benefitted the patient. The treater does not explain whether or not the patient is flared-up with functional decline requiring a formal therapy intervention. No goals are mentioned. Due to a lack of documentation, the request is not medically necessary and appropriate.