

Case Number:	CM14-0038978		
Date Assigned:	06/27/2014	Date of Injury:	01/16/2002
Decision Date:	07/28/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/02/2014

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 51 year old with an injury date on 1/16/02. Based on the 1/30/14 progress report provided by [REDACTED] the diagnoses are: Probable discogenic low back pain with multilevel herniated nucleus pulposus, Lumbar spondylosis, Internal medicine diagnosis, and Ophthalmologic diagnosis. Exam of L-spine on 1/30/14 showed tenderness to palpation about the lower lumbar paravertebral musculature. Forward flexion is to 40 degrees, extension to 10 degrees, and lateral bending to 30 degrees. All ranges of motion produce pain. Positive straight leg raise test bilaterally. Strength in lower extremities is globally intact. [REDACTED] is requesting 12 physical therapy visits for the lumbar spine with evaluation. The utilization review determination being challenged is dated 2/18/14. [REDACTED] is the requesting provider, and he provided treatment report from 1/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy visits for the lumbar spine with evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

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

Decision rationale: This patient presents with neck pain radiating to right shoulder, and lower back pain radiating to bilateral legs. The provider has asked 12 physical therapy visits for the lumbar spine with evaluation on 1/30/14. Review of the report shows no recent physical therapy or recent surgeries. The California MTUS guidelines allow for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, the treater has asked for a short course of physical therapy visits for the lumbar spine of 12 sessions per 1/30/14 report. Only 10 sessions are allowed, however, and requested 12 sessions of physical therapy exceeds the California MTUS guidelines for patient's condition. Therefore, the request is not medically necessary.