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| Case Number: | CM14-0041423 | | |
| Date Assigned: | 06/27/2014 | Date of Injury: | 05/29/2008 |
| Decision Date: | 07/23/2014 | UR Denial Date: | 03/21/2014 |
| Priority: | Standard | Application Received: | 04/07/2014 |

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 54 year old male with an injury date of 05/29/08. Based on the 03/12/14 progress report, provided by [REDACTED], the patient complains of lower back pain which radiates down both of his legs. The pain is described as constant and sharp. His diagnoses include the following: Post-laminectomy pain syndrome, (lumbar), Lumbar radiculopathy, and Chronic pain syndrome. [REDACTED] is requesting twelve physical therapy sessions for the lumbar spine (lower back). [REDACTED] is the requesting provider, and he provided treatment reports from 06/20/13 to 06/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical therapy for the lumbar spine (lower back), 2x week for six weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM <https://www.acoempracguides.org/LowBack;Table 2, Summary of Recommendations, Low Back Disorders>.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS: Chronic Pain Medical Treatment Guidelines, Physical Medicine, pages 98-99.

Decision rationale: According to the 03/12/14 report by [REDACTED], the patient presents with lower back pain which radiates down both of his legs. The request is for twelve physical therapy sessions for the lumbar spine (lower back) to improve pain and function. The California MTUS guidelines, pages 98 and 99, state that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. In this case, the provider has asked for 12 total sessions of therapy for the patient's lumbar spine. A short course of treatment may be reasonable if the patient is flared-up, however the request of 12 sessions exceeds what is allowed per MTUS. Therefore, physical therapy (twelve) for the lumbar spine (lower back), is not medically necessary.