

Case Number:	CM14-0042582		
Date Assigned:	06/30/2014	Date of Injury:	09/28/2012
Decision Date:	08/12/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	04/09/2014

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 55 years old female with an injury date on 09/28/2012. The listed diagnoses per [REDACTED] dated 02/19/2014 are lumbago, lumbar radiculopathy, lumbar facet dysfunction, sacroiliac joint dysfunction, left hip pain and degenerative joint disease, greater trochanteric bursitis. According to 02/19/2014 report, the patient complains of low back pain and left hip pain associated with numbness and paresthesias involving the left leg and left plantar foot. Back pain is aggravated with sitting, bending or extending the back. The patient is currently taking Neurontin 600 mg, Ultram 50 mg, Flexeril 10 mg, Naprosyn 500 mg, and Amitriptyline 20 mg. musculoskeletal exam reveals L4-L5 paraspinal tenderness upon palpation worse on the left and moderate to severe tenderness at the cervical and thoracic paraspinals muscle. Positive straight leg raise at 30 degrees, positive right Faber's test, and positive heel and toe walk. There were no other significant findings noted on this report. The utilization review denied the request on 03/03/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 03/07/2013 to 05/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-start Physical Therapy to the lumbar spine (frequency and duration not provided):

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the 02/19/2014 report by [REDACTED] this patient presents with low back pain and left hip pain. The physician's request is to re-start physical therapy to the lumbar spine. Regarding neuralgia, neuritis, and radiculitis type of conditions, MTUS guidelines pages 98, 99 recommend 8-10 visits over 4 weeks. Review of available reports shows the patient has had 9 sessions of therapy from 03/20/2013 to 04/23/2013. The physician does not provide any discussion regarding what is to be achieved with additional therapy nor does he discuss the patient's progress from prior therapy. No discussion is provided regarding the patient's home exercise program. Given that the last round of documented therapy is from nearly a year ago, a short course of therapy may be reasonable if the patient's symptoms are flared, or for significant decline in function but the physician does not mention duration and frequency of the request. MTUS limits therapy treatments to 10 sessions; therefore the request is not medically necessary.