

Case Number:	CM14-0043119		
Date Assigned:	06/30/2014	Date of Injury:	12/19/2013
Decision Date:	09/11/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/08/2014

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 Pain Management 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:

This is a patient with a date of injury of 12/19/13. A utilization review determination dated 3/26/14 recommends of physical therapy (PT) from 12 sessions to 6 sessions. 3/5/14 medical report identifies lumbar spine pain with constant numbness and tingling in the left lower extremity (LLE). On exam, there is decreased range of motion (ROM) with spasm and decreased sensation left L5-S1 distribution, as well as positive straight leg raise (SLR) and shooting pain in the LLE.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, two sessions per week for six weeks, to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back lumbar and thoracic, Physical therapy, Physical therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preface.

Decision rationale: Regarding the request for physical therapy, California MTUS supports up to 10 PT sessions and cites that "patients are instructed and expected to continue active therapies at

home as an extension of the treatment process in order to maintain improvement levels." ODG recommends a trial of 6 sessions in order to demonstrate efficacy before additional sessions are recommended. Within the documentation available for review, there is no indication of prior physical therapy treatment. The patient has low back pain radiating to the left leg with decreased ROM, spasm, decreased sensation left L5-S1 distribution, and a positive SLR. A few sessions of PT appear appropriate, but the requested number of sessions exceeds the recommendations of both the CA MTUS and ODG. In light of the above issues, the currently requested physical therapy is not medically necessary.