

Case Number:	CM14-0044257		
Date Assigned:	06/20/2014	Date of Injury:	08/13/1987
Decision Date:	07/17/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/11/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 68-year-old with a reported date of injury of 08/13/1987. The patient has the diagnoses of chronic lumbago, lumbar spine radiculopathy and lumbar spinal stenosis. Treatment modalities have included lumbar fusion, lumbar discectomy, chiropractic care and medications. The most recent progress notes from the primary treating physician dated 02/03/2014 indicates the patient complaining of 7/10 pain in the lumbar spine with heaviness in the legs and pain that radiates into the left groin. Physical exam showed a positive heel walk and decreased range of motion in the lumbar spine. The treatment plan recommendations included medications and lumbar spine ESI and physical therapy because "this patient is not being allowed his medications." A utilization review was performed on 03/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physiotherapy sessions for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Physical Therapy (PT).

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

Decision rationale: The recommended guidelines for radiculopathy are 8-10 visits over a 4 week span. The requested 12 physiotherapy sessions are in excess of the guidelines and are thus not medically necessary.