

Case Number:	CM14-0044538		
Date Assigned:	07/02/2014	Date of Injury:	09/11/2007
Decision Date:	08/21/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/11/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Sine 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 45 year old with an injury date on 9/11/07. Patient complains of sharp, intermittent lower back pain with radiating down his right leg with numbness/weakness, pain rated 8/10 per 2/7/14 report. Patient has no prior surgeries, had an epidural injection and physical therapy 2 years ago with some benefit per 2/7/14 report. Based on the 2/7/14 progress report provided, the diagnosis is lumbar radiculopathy. An exam on 2/7/14 showed nonantalgic gait, L-spine range of motion: flexion limited to 15 degrees, extension limited to 5 degrees. There is tenderness to palpation along lumbar spinous process L4- and L5 with radiation as well as at right sacroiliac joint. The physician is requesting physical therapy 3 times a week for 6 weeks for the low back. The utilization review determination being challenged is dated 3/12/14. The requesting provider provided treatment reports from 9/9/13 to 2/7/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy three times a week for six weeks for the low back (18 visits).: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability guidelines (ODG) Low Back guidelines Low Back Chapter , ODG Physical Therapy Guidelines.

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

Decision rationale: This patient presents with lower back pain radiating down the right leg. The physician has asked for physical therapy 3 times a week for 6 weeks for the low back on 2/7/14. Review of the report shows no recent physical therapy, and no surgeries. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. Given that it has been two years since last therapy sessions and the patient's current high level of pain with functional deficits, a short course of 8-10 sessions may be supported by MTUS but not the requested 18 sessions. The request is not medically necessary.