

Case Number:	CM14-0050084		
Date Assigned:	07/07/2014	Date of Injury:	10/19/2012
Decision Date:	08/06/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/17/2014

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 33 year old with an injury date on 10/19/12. The patient complains of constant 3-8/10 lower back pain radiating into the right thigh, right knee, and right testicle per 1/30/14 report. The patient's pain is limiting sleep and sexual function, and patient reports onset of depression related to pain/disability two months post original injury per 1/30/14 report. Based on the 1/30/14 progress report provided by [REDACTED] the diagnosis is lumbosacral sprain/strain. An Exam on 1/30/14 showed moderately restricted straight leg raise test on the right at 40 degrees with lumbar and right leg pain. Tenderness in thoracic paraspinals 4/5, at lumbar paraspinals 4/5. Multiple hypomobile subluxations at T11, L4, and L5. Positive EMG for right L5-S1 radiculopathy. Positive lumbar MRI for multilevel DJD at L4-L5 and L5-S1. [REDACTED] is requesting six additional sessions of physical therapy. The utilization review determination being challenged is dated 4/11/14. [REDACTED] is the requesting provider, and he provided treatment reports from 10/11/13 to 3/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 additional sessions of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: This patient presents with lower back pain radiating into the right lower extremity. The provider has asked for six additional sessions of physical therapy on 1/30/14. A review of the physical therapy shows patient had 5 sessions from 1/6/14 to 2/5/14. The 1/29/14 physical therapy discharge report states patient reports 10% improvement from the beginning of sessions, and experiences relief from pain for most of the day after therapy but by the next morning, the pain has returned. There is no history of surgery noted in the provided reports. The MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, the provider has asked for six additional sessions of physical therapy, which exceeds the MTUS guidelines for this type of condition. In addition, patient's improvement from prior five therapy sessions has been minimal (10%). Therefore, the request is not medically necessary.