

Case Number:	CM14-0050647		
Date Assigned:	07/07/2014	Date of Injury:	07/10/2013
Decision Date:	08/06/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/18/2014

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 41 year old male with an injury date on 07/10/2013. According to this report, the patient complains of persistent pain of the low back that radiates to the left lower extremity with numbness and tingling. Examination of the lumbar spine reveals tenderness from the mid to lower lumbar segments. Seated nerve root test is positive. There is dysesthesia at the left L5 and S1 dermatomes. An EMG of the bilateral lower extremities on 12/10/2013 reveals S1 radiculopathy. The MRI of the lumbar spine on 09/13/2013 reveals large left posterior disc extrusion at L4-5 with inferior migration measuring 10x19x19 mm causing severe left lateral recess narrowing with impingement on the central left L5 nerve root and mild central and bilateral foraminal stenosis at L4-L5 and L5-S1 level. There were no other significant findings noted on this report. [REDACTED] is requesting 8 physical therapy sessions for the lumbar and 8 chiropractic sessions for the lumbar spine. The utilization review denied the request on 04/07/2013. [REDACTED] is the requesting provider, and he provided treatment reports from 09/13/2013 to 01/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Physical Therapy sessions for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Guidelines. Decision based on Non-MTUS Citation

Official Disability Guidelines (ODG), Physical therapy Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) and Functional Improvement.

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

Decision rationale: According to the 01/06/2014 report by [REDACTED] this patient presents with persistent low back pain that radiates to the left lower extremity with numbness and tingling. The current request is for 8 sessions of physical therapy but the treating physician's report and request for authorization containing the request is not included in the file. The most recent progress report is dated 01/06/2014 and the utilization review letter in question is from 04/07/2014. The UR denial letter states the patient has previously been certified for a total of 20 physical therapy sessions. For physical medicine, the MTUS guideline recommends for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of available reports show that the patient completed 2 sessions of physical therapy on 09/26/2013 and 10/02/2013. There is no discussion regarding the patient's progress on any of the reports and what is to be achieved with additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. If the patient only had 2 sessions, additional 8 sessions would be reasonable. However, UR alludes that the patient has had 20 sessions. Time-frame is not known. It is the treater's responsibility to monitor the patient's progress and make appropriate recommendations (MTUS page 8). In this case, the treater does not discuss the patient's treatment history nor the reasons for requested additional therapy. The request is not medically necessary.

8 Chiropractic sessions for the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Functional Improvement.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: According to the 01/06/2014 report by [REDACTED] this patient presents with persistent low back pain that radiates to the left lower extremity with numbness and tingling. The current request is for 8 sessions of chiropractic therapy but the treating physician's report and request for authorization containing the request is not included in the file. The most recent progress report is dated 01/06/2014 and the utilization review letter in question is from 04/07/2014. Per UR denial letter states the patient was previously certified for 8 chiropractic sessions on 2/3/2014. Regarding manual therapy and manipulation, the MTUS guidelines state recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. In this case, no chiropractic reports were provided and there is no discussion regarding the patient's progress, no evidence of objective functional improvement, return to work plan or change and no documentation regarding medication reduction. However, if the patient did not have any recent therapy, a short course may be warranted, but requested 8 chiropractic sessions exceed what is allowed per MTUS. The request is not medically necessary.

