

Case Number:	CM14-0050667		
Date Assigned:	06/23/2014	Date of Injury:	06/27/2012
Decision Date:	07/25/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/20/2014

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 55-year-old female with a date of injury of 06/27/2012. The listed diagnoses per [REDACTED] are: 1. Lumbar sprain/strain. 2. Lumbar disk bulge with radiculitis, status post epidural injection. According to progress report 02/24/2014 by [REDACTED], the patient presents with complaints of bilateral wrist/hand weakness. She is currently doing physiotherapy and light weights to help with strengthening. The patient also reports continued low back pain accompanied with numbness/tingling and spasms down the left leg. The patient received a lumbar epidural injection on 02/15/2013 and experienced 80% relief of pain. MRI of the lumbar spine revealed grade 1 spondylolisthesis of L4-L5. Treater would like the patient to continue with physiotherapy 3 times 4 for the lumbar spine. Utilization review denied the request on 03/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy 3x wk x 4 wks lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

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

Decision rationale: The patient presents with lumbar spine pain and weakness in the bilateral wrist/hands. The treater is requesting the patient continue with physiotherapy 3 times 4 for the lumbar spine. Utilization review modified the certification from 12 sessions to 2 sessions. Whether the 2 sessions had taken place or not is unclear. Treatment history for this patient includes physical therapy but the medical file does not provide number of treatments received to date. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia and myositis type symptoms 9 to 10 sessions over 8 weeks. In this case, the treater's request for 12 sessions exceeds what is recommended by MTUS. The request is not medically necessary.