

Case Number:	CM14-0053841		
Date Assigned:	07/07/2014	Date of Injury:	09/28/2012
Decision Date:	08/08/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/22/2014

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 47 year old with an injury date on 9/28/12. After his twisting injury from moving heavy objects, patient complains of localized lower back pain with some radiation to the right leg, with numbness/tingling per 3/21/14 report. Patient has been treated with physical therapy, and has returned to maintenance work but has remained symptomatic per 3/21/14 report. Based on the 3/21/14 progress report provided by [REDACTED] the diagnosis is lumbosacral spine strain with clinical evidence of a disc herniation at the L5-S1 space. Exam on 3/21/14 showed "the thoracolumbar spine reveals forward flexion to 60 degrees with fingertips failing to touch toes by 20cm. Arisal is accomplished with some difficulty and pain. Palpation of the L-spine reveals tenderness. Supine/active straight leg raise are positive at 60 degrees to the right." [REDACTED] is requesting physical therapy 3x4 lumbar. The utilization review determination being challenged is dated 4/7/14. [REDACTED] is the requesting provider, and he provided treatment reports from 10/16/13 to 3/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x4 Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

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

Decision rationale: This patient presents with lower back pain and right leg pain. The provider has asked for physical therapy 3x4 lumbar on 3/21/14. Review of the reports show that patient had recent physical therapy but the number of sessions was not specified. Patient has no history of surgeries. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case the requested number of 12 sessions of physical therapy exceeds what MTUS guidelines allow for this type of condition. Additionally, there is no documentation of aggravation, significant decline in function or pain and what is to be accomplished with additional therapy. Recommendation is for not medically necessary.