

Case Number:	CM14-0063051		
Date Assigned:	07/16/2014	Date of Injury:	01/14/2011
Decision Date:	12/05/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/06/2014

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 36 year old female with an injury date of 01/14/11. The 04/01/14 progress report by [REDACTED] state that the patient presents with constant lumbar spine pain radiating down the right leg with associated tingling rated 6-7/10. The report states the patient is to remain off work until 04/30/14. Examination shows the patient has difficulty rising and standing, and there is pain in the right posterior superior iliac spine and right paravertebral muscle. The patient's diagnoses include: "DJD" lumbar spine; Extruded discs lumbar spine. The utilization review being challenged is dated 04/10/14. The rationale is that the patient has received certification for 38 physical therapy sessions and there is no documented functional improvement (dates unknown). Reports were provided from 12/30/13 to 04/01/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x a week X 4 weeks, Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines; Low Back, Physical Therapy

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

Decision rationale: The patient presents with constant lumbar pain radiating down the right leg with associated tingling rated 6-7/10. The treating physician requests for Physical Therapy 3x a week for 4 weeks, lumbar spine. "MTUS pages 98-99 states that for Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are recommended." The reports show that the treating physician is making this request after the patient presented following increased pain during her Home Exercise Program and after being unable to stand for more than 1 hour due to spasms. The reports do not show discussion of prior physical therapy and no physical therapy treatment reports are provided. There is no indication that the patient is within a post-surgical treatment period. The treating physician does not discuss objective goals for this treatment. Furthermore, the 12 sessions requested exceed what is allowed per MTUS. Therefore, recommendation is that the request is not medically necessary.