

Case Number:	CM14-0072742		
Date Assigned:	07/16/2014	Date of Injury:	06/24/2000
Decision Date:	08/14/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/19/2014

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 & 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 50 year-old male with the date of injury of 06/24/2000. The patient presents with chronic low back pain, rating average of 5/10, worsen by activities. He had tried medications, physical therapy, interential stimulation and injections including LESI and Disco. He is now on disability. MRI of lumbar spine from 04/20/2011 is reviewed which showed lumbar disc bulge L5-S1 right paracentral disc protusion causing mild stenosis on right of the canal near the transversing L5 nerve root and L4-L5 and small left paracentral disk protusion with a superiorly extruded fragment at L1-L2. ██████ requested physical therapy 2 times a week, for 8 weeks for the lumbar spine. The utilization review determination being challenged is dated on 04/24/2014. ██████ is the requesting provider, and he provided treatment reports from 03/13/2014 to 04/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x week , 8 weeks lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines-low back. Decision based on Non-MTUS Citation ODG(Official Disability Guidelines)- Physical Therapy Guidelines.

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

Decision rationale: The patient presents with pain in his lower back, worsened by his activities. The request is for physical therapy 2 times a week, for 8 weeks for the lumbar spine. Review of the reports indicate that the patient has had therapy in the past without much benefit and that the patient is currently disabled. The treater does not indicate why additional therapy is being requested at this time. There are no therapy reports provided for this review. MTUS guidelines allow 8-10 sessions of physical therapy for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. In this case, the treater has asked for therapy but does not indicate why therapy is needed at this point. Prior treatments have failed and there is no explanation as to why therapy can be helpful now. There is no description of any specific functional recent decline requiring therapy treatments. Therefore, the request for physical therapy 2x week, 8 weeks lumbar is not medically necessary and appropriate.