

Case Number:	CM14-0078499		
Date Assigned:	07/18/2014	Date of Injury:	05/29/2007
Decision Date:	08/26/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	05/29/2014

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 & Rehab, 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 52-year-old male with a date of injury of 05/29/2007. The listed diagnoses per [REDACTED] are right S1 radiculopathy, chronic pain, foraminal stenosis L2 to L3, L3 to L4. According to progress report, 02/18/2014, the patient continues with pain to the lumbar spine and left leg. There is no examination noted on this date. On 05/13/2014, patient presented with increase of low back pain and bilateral hip pain with numbness and tingling. Patient noted cramping of bilateral calves at night. Examination revealed positive straight leg raise at 70 degrees on the right, positive bilateral paralumbar TPP noted. The request is for physical therapy 2 times a week for 3 weeks for the lumbar spine. Utilization review denied the request on 05/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2x3 for the lower back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: This patient presents with chronic low back pain with numbness and tingling down bilateral legs. The treater is requesting additional physical therapy 2 times a week for 3 weeks for the lower back. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia-, myositis-, and neuralgia-type symptoms 9 to 10 sessions over 8 weeks. The medical file provided for review indicates the patient received 8 physical therapy sessions between 03/03/2014 and 04/10/2014. Physical therapy progress report recommends additional treatments without discussion the rationale for recommendation. Utilization review indicates the patient has received 31 physical therapy sessions since his 2007 injury. The patient has most recently received additional 8 sessions, which he completed on 04/10/2014. The patient should now be well versed in the exercises and transition into a home exercise program. Furthermore, the treater's request for additional 6 sessions with the recently received 8 exceeds what is recommended by MTUS. Therefore, the request is not medically necessary.