

Case Number:	CM14-0087434		
Date Assigned:	07/23/2014	Date of Injury:	02/10/2012
Decision Date:	09/08/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/11/2014

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 73 years old female with an injury date on 02/10/2012. Based on the 02/04/2014 progress report provided by [REDACTED], the diagnoses are lumbar spine with multiple level disc protrusions from the L1-L2 through the L5-S1 levels, multiple level lumbar foraminal stenosis, lumbar facet arthropathy and lower back and bilateral radicular pain significantly improved after lumbar epidural and nerve root injections. According to this report, the patient complains of lower back pain and leg pain. The patient's past treatments consist of lumbar epidural injections with significant improvement. The patient is not involved in physical therapy at this time and is not having to take any pain medications. There were no other significant findings noted on this report. [REDACTED] is requesting physical therapy evaluation and physical therapy 7 sessions to the lumbar spine. The utilization review denied the request on 05/23/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 05/09/2013 to 04/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 7 to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98,99,8.

Decision rationale: According to the 02/04/2014 report by [REDACTED] this patient presents with lower back pain and leg pain. The provider is requesting physical therapy 7 sessions to the lumbar spine. The utilization review denial letter states partially certified to two (2) sessions for education and instructional purposes. For physical medicine, the California MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of available records show no therapy reports and there is no discussion regarding the patient's progress. If the patient did not have any recent therapy, a short course of therapy may be reasonable if the patient's symptoms are flared or the patient's function has declined. However, the provider does not discuss the patient's treatment history nor the reasons for requested therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. California MTUS page 8 requires that the provider provide monitoring of the patient's progress and make appropriate recommendations. Therefore the request is not medically necessary.

Physical Therapy Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98,99,8.

Decision rationale: According to the 02/04/2014 report by [REDACTED] this patient presents with lower back pain and leg pain. The provider is requesting physical therapy evaluation. The utilization review denial letter states the claimant's near-complete resolution of pain and lack of any significant residual impairment and transitioned to home exercise program. California MTUS allows for 9-10 sessions of therapy for myalgia/myositis type of condition. A review of available reports shows no physical therapy treatments history recently. However, there was no documentation as to why a physical therapy evaluation is needed. The provider does not discuss any flare-up's, functional deficits requiring formalized therapy, etc. Therefore the request is not medically necessary.