

Case Number:	CM13-0022942		
Date Assigned:	06/13/2014	Date of Injury:	05/21/2013
Decision Date:	04/03/2015	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/11/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Georgia, California, Texas

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 injured worker (IW) is a 37 year old female who sustained an industrial injury on 05/21/13. She reports low back pain with numbness and tingling involving her left thigh anteriorly and posteriorly, which radiates down her left leg. Treatments to date include rest, ice, therapy, and medications. Diagnoses include low back pain with radicular symptoms. 05/22/13 office note documented complaints of worsening low back pain radiating to the left leg. Current pain level was 7/10. On exam, abnormal gait and posture were noted. Tenderness was noted to palpation of the thoracolumbar muscles. Lumbar range of motion was restricted. Straight leg raising test was negative. No neurological deficits were documented. 05/29/13 PT note documented limited lumbar range of motion and limited trunk strength. Mild improvement was noted in rehab. 06/10/13 IW had completed PT visit #5. She reported less back pain but continued pain radiating to the left lower extremity. Lumbar ROM was improved. 06/26/13 office note stated that rest, ice, and therapy had helped the most. Paraspinal muscle tenderness was noted. Trunk range of motion and strength were normal. Neurological exam was normal. The treating provider recommends additional physical therapy EMG/NCV studies, and MRI of her low back. Records indicate that 12 PT sessions were authorized 07/25/13, but results are not documented. On 08/29/13 Utilization Review non-certified the physical therapy citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 X 6 LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99 of 127.

Decision rationale: At time of previous PT denial greater than 3 months had elapsed since date of injury. Therefore, MTUS Chronic Pain Medical Treatment Guidelines physical therapy recommendations are referenced. The requested 12 additional PT sessions exceed the MTUS recommendation for up to 10 PT visits for myalgia/myositis or neuralgia, neuritis, and radiculitis. The most recent available clinical note documented minimal positive physical exam findings and did not specify significant ongoing functional deficits. Based upon the available documentation, medical necessity is not established for additional skilled therapy sessions beyond evidence-based recommendations.