MAXIMUS Federal Services

Case Number:	CM14-0188899		
Date Assigned:	11/19/2014	Date of Injury:	04/22/2013
Decision Date:	01/07/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/12/2014

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, 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 39-year old male with date of injury 4/22/13. The treating physician report dated 9/8/14 indicates that the patient presents with pain affecting back radiating into his legs (Pg. 25). The physical examination findings reveal weak tib. ant. and EHL (Pg. 2). Sensation is normal throughout. Prior treatment history analysis is limited due to an absence of medical records provided. MRI findings from 8/21/14 (Pg. 17) reveal spondylotic change. At L4-5 there is a 2 mm central focal disc protrusion that abuts the thecal sac. At L5-S1 there is a 4 mm grade 1 spondylolisthesis. Schmorl's nodes at T11-L1 (Pg. 30). CT scan findings reveal that the alignment is anatomic, minimal spondylotic changes are seen at L5. At L3-4 there is a 1-2 mm posterior disc bulge, at L4-5 there is a 2-3mm posterior disc bulge finally at L5-S1 there is a 4 mm central disc protrusion. The current diagnoses are: Laminectomy Decompression of Nerve Root, Foraminatomy, Microdiscectomy. The utilization review report dated 10/14/14 denied the request for Physical Therapy Lumbar based on ACOEM back examination guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Lumbar: 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.

Decision rationale: The patient presents with back pain radiating into legs. The current request is for Physical Therapy Lumbar. The treating physician report that is provided for review is hand written and fairly illegible. The MTUS guidelines recommend 8-10 sessions of physical therapy for myalgia and neuritis type condition. The current request is for Physical Therapy Lumbar for an unknown duration and an unknown number of treatments. Additionally there is no medical history to indicate if the patient has or has not treated through physical therapy historically to determine the number of completed PT visits. A non-specific physical therapy request without specified frequency and duration is an invalid prescription. In this case the treating physician has failed to document any rationale for physical therapy at this point, there is no history provided of any prior physical therapy. An open ended generic prescription for physical therapy is not supported by MTUS. Therefore the request is not medically necessary.