

Case Number:	CM14-0195991		
Date Assigned:	12/03/2014	Date of Injury:	08/12/2013
Decision Date:	01/21/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/24/2014

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 Pain Management 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 38 year old male with date of injury 8/12/13. The treating physician report dated 10/14/14 (42) indicates that the patient presents with pain affecting the lower back. The patient describes the pain as constant, with radiation of symptoms extending to the legs with numbness, tingling, weakness and pain. The physical examination findings reveal tenderness upon palpation at L5-S1, a positive straight leg raise bilaterally, restricted range of motion of the lumbar spine, no paraspinal muscle spasms and tenderness of the right wrist upon palpation with limited range of motion. Prior treatment history includes prescribed medications, chiropractic care, Physical therapy (P.T.), home exercise and an ESI at L5-S1 bilaterally. The current diagnoses are: 1. Displacement lumbar introvert disc w/o myelopathy2. Degenerative lumbar/lumbosacral intervertebral disc.The utilization review report dated 10/24/14 denied the request for physical therapy x 6 sessions of the lumbar spine based on the lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (PT) x 6 sessions lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment for Workers Compensation, Online Edition; Chapter- Low Back, Physical Therapy

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

Decision rationale: The patient presents with pain affecting the low back. The current request is for Physical Therapy x 6 Sessions Lumbar Spine. The treating physician report dated 10/14/14 states that "Physical Therapy is an important part keeping the patient in the workforce. While he had chiropractic work, he has not tried PT. I feel that the patient will benefit from PT sessions (up to 6), where it can provide him a home exercise program, so that he can utilize it independently, which may allow him to continue to work." In the same report the treating physician states, "Conservative treatment has included PT, and chiropractic." The MTUS guidelines state 8-10 sessions of physical therapy is recommended for myalgia and neuritis type conditions. In this case the treating physician noted that the patient had constant pain with radiation of symptoms extending to the legs with numbness, tingling, weakness and pain. There is conflicting information regarding prior physical therapy treatment. While the patient may require a short course of physical therapy, the report dated 10/14/14 states that the patient has had prior PT and is performing a home exercise program. There is no documentation submitted regarding a significant change in the patient's condition, a new injury or a new diagnosis that would require physical therapy at this juncture. Therefore, the request for physical therapy for the lumbar spine is not medically necessary.