

Case Number:	CM14-0197561		
Date Assigned:	12/05/2014	Date of Injury:	02/24/2014
Decision Date:	01/26/2015	UR Denial Date:	11/11/2014
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 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:

This patient is a 51 year old male with an injury date of 2/24/14. Based on the 10/16/14 report, this patient reports "intermittent moderate low back pain with radiation to both legs with numbness/tingling sensation." Exam of the lumbosacral spine reveals "increased tone and tenderness about the paralumbar musculature with tenderness at the midline thoraco-lumbar junction with muscle spasms. Range of motion is flexion to 60 degrees, extension to 10 degrees, bilateral rotation to 30 degrees and bilateral bending to 20 degrees. Current diagnoses are: (1) Lumbar spine sprain/strain with radicular complaints and (2) multiple disc protrusions per MRI. Work status as of 10/16/14: Patient can continue to work with restrictions of no heavy lifting over 5 pounds and sitting/standing as tolerated with follow-up on 11/13/14. The utilization review being challenged is dated 11/11/14. The request is for physical therapy lumbar spine x 8 sessions. RFA was dated 10/28/14 and was non-certified due to the "insufficient clinical information presented to support the need for Physical Therapy." The requesting treater has provided has reports from 2/24/14 to 10/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for Lumbar Spine x 8 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation EBM Guidelines

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

Decision rationale: This patient presents low back pain with radicular pain to bilateral lower extremities. The treater request Physical Therapy For The Lumbar Spine times 8 Sessions per the progress report dated 10/16/14. MTUS guidelines allow for 8-10 physical therapy visits for unspecific neuralgia, neuritis, and radiculitis. Per the 7/22/14 report, patient "has undergone physical therapy, no chiropractic care, and was told to do no exercise at home." There was also a request for authorization in that same clinical note for a "4 weeks course of Physical Therapy" for a total of 8 sessions along with instruction in a home exercise program. The 8/12/14 progress report documents the patient "will continue with medication and home exercise program." While a review of submitted documents do not include physical therapy notes nor the total number of sessions completed, there is no indication as to why this patient cannot reasonably continue his home exercise regimen, given he has already returned to modified work. Furthermore, no discussion is provided as to why an additional 8 sessions are a medically necessity, which exceeds the maximum of 8-10 sessions allowed by MTUS guidelines for this type of diagnosis. The request for Physical Therapy for Lumbar Spine x 8 sessions is not medically necessary.