

Case Number:	CM14-0205905		
Date Assigned:	12/17/2014	Date of Injury:	08/15/2011
Decision Date:	03/02/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/09/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

As per progress report dated 09/15/14, the patient complains of pain in the thoracolumbar spine rated at 3/10. Physical examination reveals tenderness, decreased motion, reduced sensation, and loss of strength in the lumbar spine. In progress report dated 08/27/14, the treater states that the pain radiates to left lower extremity. Forward flexion of the thoracolumbar spine is 60 degrees, extension is 30 degrees, right lateral bending at 27 degrees, and left lateral bending at 20 degrees. Medications, as per progress report dated 09/15/14, included Hydrocodone, Orphenadrine, Diclofenac, Pantoprazole, Theraflex cream, Diclofenac/lidocaine gel, and Keratek gel. The patient has been allowed to return to work with restrictions, as per progress report dated 09/15/14. MRI of the Lumbar Spine (date not mentioned), as per progress report dated 08/27/14:- Decreased signal intensity at L4-5 with central disc protrusion that compresses the anterothecal sac touching the exiting nerve roots. - L5 is partially sacralized. Diagnoses, 08/27/14:- L4-5 central disc protrusion- Discogenic pain, L4-5- Left lower extremity radiculitis. The utilization review determination being challenged is dated 11/11/14. Treatment reports were provided from 08/27/14 - 09/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The patient presents with pain in the thoracolumbar spine rated at 3/10, as per progress report dated 09/15/14. The request is for PHYSICAL THERAPY 3 X 4. In progress report dated 08/27/14, the treater states that the pain radiates to left lower extremity. MTUS guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In progress report dated 08/27/14, the treater recommends 12 sessions of physical therapy for "core strengthening exercises as this is medically necessary for him." The treater wants the patient to transition to a home exercise program after that. In progress report dated 09/15/14, the treater states that the patient should "begin the previously certified physical therapy to regain core strengthening and reconditioning." It is not clear if the patient has completed these sessions or not. There is no Request for Authorization form for this request. The UR letter, however, states that the patient has completed 12 sessions of PT and "the records state it has helped..." There is no evidence to challenge the UR contention. The treater has not documented pain relief and functional improvement from prior therapy. Additionally, MTUS only allows for 8 - 10 sessions in non-operative cases. Hence, the treater's request for 12 sessions appears excessive and IS NOT medically necessary.