

Case Number:	CM14-0208648		
Date Assigned:	12/22/2014	Date of Injury:	12/31/2012
Decision Date:	02/17/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/12/2014

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 and 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 57 year old female with date of injury 12/31/12. The treating physician report dated 10/20/14 indicates that the patient presents with lower back pain. The physical examination findings reveal in the thoracolumbar spine that the patient has a decreased ROM in flexion, extension, lateral bending right, and lateral bending left. Previous treatment includes physical therapy, medication, and injections. There is tenderness in the left SI joint and in the L4-5 and L5-S1 on the left. The current diagnoses are: 1. Lumbar strain 2. MRI Finding of annular tear at L4-5 with 3-mm disc bulge, L5-S1 4-mm disc bulge 3. Right lower extremity radiculopathy 4. Clinical evidence of left sacroiliac joint strain with positive Faber with reproduction of pain 5. Status post LESI 6. Status post MRI The utilization review report dated 11/14/14 denied the request for physical therapy based on 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 for the lumbar spine twice a week for six weeks for the lumbar spine:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48.

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

Decision rationale: The patient presents with low back pain. The current request is for Physical therapy for the lumbar spine twice a week for six weeks for the lumbar spine. The treating physician indicates that the current request is to focus, "concentration to the left SI joint." The MTUS guidelines allow 8-10 physical therapy visits for myalgia and neuritis type conditions. In this case, the patient has previously received prior physical therapy according to the utilization review report dated 11/14/14. There is no documentation that the patient has recently had a surgery, suffered new injury or has been documented with a new diagnosis that would require additional physical therapy. The current request of 12 visits exceeds the MTUS guideline recommendation of 8-10 sessions. The current request is not medically necessary.