

Case Number:	CM14-0209176		
Date Assigned:	12/22/2014	Date of Injury:	05/31/2013
Decision Date:	02/27/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/15/2014

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 & Rehabn

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 50-year-old female with date of injury of 05/31/2013. The listed diagnoses from 10/28/2014 are: 1. Moderate right and severe left neuroforaminal narrowing at L5-S1 with radiculopathy. 2. Lumbar sprain/strain. According to this report, the patient complains of low back pain with right lower extremity symptoms. She rates her pain 7/10. Examination shows tenderness of the lumbar spine and lumbar paraspinal musculature. There is mild swelling in the lumbar spine. Flexion is 50 degrees, extension is 20 degrees, left and right lateral tilt is 20 degrees. Positive straight leg raise on the right. Neurological evaluation of the lower extremities demonstrates diminished sensation at the right L4 and L5 dermatomes. Strength is 4/5 on the right EHL, tibialis anterior. Lower extremity distal pulses are intact and symmetrical bilaterally. The treatment reports from 07/02/2014 to 12/02/2014 were provided for review. The utilization review denied the request on 11/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Physical Therapy three (3) times a week over four (4) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy.

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

Decision rationale: This patient presents with low back pain with right lower extremity symptoms. The treater is requesting Outpatient Physical Therapy 3 Times A Week Over 4 Weeks. The MTUS guidelines pages 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia-type symptoms. The records do not show any physical therapy reports. The QME report from 10/02/2014 notes the patient has utilized chiropractic treatments, acupuncture, medications, and physical therapy. None of the reports provided document the number of physical therapy treatments the patient has received thus far and there is no discussion of a recent surgery to indicate that the post-surgical guidelines would need to be referenced. In this case, it appears that the patient has not had any recent physical therapy. And while a short course of physical therapy may be appropriate, the requested 12 sessions exceeds MTUS guidelines. The request IS NOT medically necessary.