

Case Number:	CM14-0211509		
Date Assigned:	12/24/2014	Date of Injury:	08/22/2013
Decision Date:	02/27/2015	UR Denial Date:	11/22/2014
Priority:	Standard	Application Received:	12/17/2014

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 37-year-old female with date of injury of 08/22/2013. The listed diagnoses from 11/12/2014 are: 1.Lumbar spine strain.2. Left lumbar radiculopathy.3. Lumbar disk protrusion, L4-L5, L5-S1. According to this report, the patient complains of lumbar spine pain with weight-bearing activities. The examination shows the patient walks with a non- antalgic gait and is able to heel and toe walk without difficulty. There is tenderness to palpation in the left, mid, and lower paravertebral muscles. There is increased pain with flexion and extension in the lumbar spine. Straight leg raise and rectus femoris stretch sign do not demonstrate any nerve irritability. Treatment reports from 01/15/2014 to 11/12/2014 were provided for review. The utilization review denied the request on 11/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy visits for the Low Back, 2 visits per week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 130.

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

Decision rationale: This patient presents with lumbar spine pain. The treater is requesting 12 physical therapy visits for the low back, 2 visits per week for 6 weeks. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia-, myositis-, and neuralgia-type symptoms. The physical therapy report from 10/15/2014 shows that the patient reports increased low back pain and decreased strength and range of motion. The patient reports some relief with physical therapy. The 07/02/2014 progress report notes that the patient is having continued improvement with her therapy in terms of her level of discomfort and functions. She continues to work light duty. The 10/08/2014 notes that the patient is being scheduled for additional therapy which has been authorized. She has been having some increased pain in the lumbar spine with work activities. Examination shows tenderness to palpation in the left, mid, and lower paravertebral muscles. There is diminished sensation in the left lower extremity in the L5 distribution. It is unclear from the physical therapy report how many treatments the patient has received thus far. However, the UR letter noted that the patient has completed some 9 physical therapy visits. In this case, the patient has received 9 physical therapy visits and the requested 12 additional sessions would exceed MTUS guidelines. The request is not medically necessary.