

Case Number:	CM14-0084191		
Date Assigned:	07/21/2014	Date of Injury:	08/17/2012
Decision Date:	02/06/2015	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/05/2014

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 Family Practice 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 is a 24 year old female patient who sustained an injury on 8/17/12. She sustained the injury when she was twisting and lifting resulting in severe pain in her back and right leg.. The diagnosis includes status post right L4-5 decompression. Per the doctor's note dated 5/12/2014, she had complaints of right leg numbness. The physical examination revealed well healed surgical incision, decreased sensation of the left lower extremity to left foot, positive straight leg raising test on the right and dysthesias to palpation of the right PSIS. The medications list includes Percocet, Soma, Bentyl, Butrans, Zofran, Neurontin and Naprosyn. She has had electromyography/ nerve conduction study (EMG/NCS) on 5/29/13 which revealed a normal nerve conduction and right L5 radiculopathy; the lumbar MRI dated 9/24/13 which revealed at L4-5 revealed mild disc height with annular bulge of 1 millimeter (mm) with a 2.5 mm bulge contacting the existing right L4 nerve root, at L5-S1 a 1-2 mm disc bulge with mild right foraminal narrowing. She has undergone a selective nerve root block of the right L4 nerve root on 8/27/13 and a right L4-5 discectomy and extraforaminal decompression on 11/26/13. She initially had 12 sessions of physical therapy that did not help to alleviate her pain and in fact made it worse. She has also had post operative physical therapy visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy twice (2) per week for four (4) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. She initially had 12 sessions of physical therapy that did not help to alleviate her pain and in fact made it worse. She has also had postoperative physical therapy visits for this injury. Therefore, the requested additional visits in addition to the previously rendered physical therapy sessions are more than recommended by the cited criteria. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Previous physical therapy visit notes are not specified in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of physical therapy twice per week for four weeks is not established for this patient at this time. Therefore, this request is not medically necessary.