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| Case Number: | CM15-0005318 | | |
| Date Assigned: | 01/16/2015 | Date of Injury: | 10/15/2013 |
| Decision Date: | 03/23/2015 | UR Denial Date: | 12/10/2014 |
| Priority: | Standard | Application Received: | 01/09/2015 |

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:

The injured worker is a 30 year old male, who sustained an industrial injury on October 15, 2013. He has reported low back pain. The diagnoses have included disc herniation and lumbosacral radiculopathy. Treatment to date has included magnetic resonance imaging (MRI), chiropractic and oral medications. Currently, the IW complains of back pain with spasms and numbness in legs. Treatment includes right L4-5 transforaminal epidural steroid injection under fluoroscopy. On December 10, 2014 utilization review non-certified a request for physical therapy 2 x 3 (6 sessions) for the low back noting request exceeds guidelines. The Medical Treatment Utilization Schedule (MTUS) guidelines were utilized in the determination. Application for independent medical review (IMR) is dated January 9, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 3 (6 sessions) for the low back: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with low back and bilateral leg pain. The patient is status post right L4-L5 transforaminal epidural steroid injection under fluoroscopy from 06/20/2014. The treater is requesting PHYSICAL THERAPY 2 X 3 SIX SESSIONS FOR THE LOW BACK. The RFA dated 01/09/2015 shows a request for physical therapy x6 sessions low back. The patient's date of injury is from 10/15/2013 and his current work status was not made available. The MTUS Guidelines page 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 report making the request is not provided for review. The 10/06/2014 report shows that the patient is being discharged due to failure to keep consecutive appointments on the following dates: 08/11/2014, 08/25/2014, and 10/06/2014. The utilization review dated 12/10/2014 denied the request stating that the patient currently is completing 8 sessions of physical therapy. In this case, the patient has received 8 physical therapy sessions recently and the requested 6 sessions would exceed MTUS Guidelines. The patient should now be able to transition into a self-directed home exercise program to improve strength and flexibility. The request IS NOT medically necessary.