

Case Number:	CM15-0008230		
Date Assigned:	01/23/2015	Date of Injury:	08/12/2013
Decision Date:	03/18/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/14/2015

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 38 year old male, who sustained an industrial injury on 8/12/2013. The mechanism of injury has not been provided with the clinical documentation submitted for review. The diagnoses have included displacement of the lumbar intervertebral disc without myelopathy. Treatment to date has included transforaminal epidural steroid injection dated 10/27/2014, medications, physical therapy, acupuncture, and chiropractic treatment. Currently, the IW complains of daily constant low back pain with radiation to the legs with numbness, tingling weakness and pain. Home exercises increase the pain. Objective findings included 5-S1 tenderness to palpation of the paraspinals. Range of motion testing revealed forward flexion of 40 degrees, hyperextension of 10 degrees, and right and left lateral bend is 10 degrees. On 12/22/2014, Utilization Review non-certified a request for physical therapy for the lumbar spine x 6 sessions noting that the clinical findings do not support the medical necessity of the treatment. The MTUS was cited. On 1/14/2015, the injured worker submitted an application for IMR for review of physical therapy for the lumbar spine x 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 6 sessions, lumbar spine: Upheld

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

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

Decision rationale: According to the 12/04/2014 report, this patient presents with LBP with radiation of symptoms extending to the legs with numbness, tingling, weakness and pain. The patient attempts home exercises, but this increases the pain. The current request is for Physical Therapy x 6 Sessions Lumbar Spine. The patient's work status is to return to the office on: 01/15/2015. For physical medicine, MTUS guidelines pages 98, 99 state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Review of the available records shows no therapy reports and there is no discussion regarding the patient's progress. If the patient did not have any recent therapy, a short course of therapy may be reasonable for declined function or a flare-up of symptoms. However, there is no documentation of flare-up or a new injury to warrant formalized therapy. The treater does not discuss the patient's treatment history nor the reasons for the requested therapy. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. The current request IS NOT medically necessary.