

Case Number:	CM15-0148479		
Date Assigned:	08/11/2015	Date of Injury:	10/14/2014
Decision Date:	09/08/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/30/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52-year-old female, who sustained an industrial injury on 10-14-14. The injured worker has complaints of right-sided lower back pain that radiates down the right leg, all the way down to the big toe. The documentation noted a decrease sensation on the right L5 and L4 distribution. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis, unspecified. Treatment to date has included lumbar spine X-rays showed loss of disc height at the L3-L4 and there is rotation and lateral listhesis of L4 and L5. The request was for physical therapy, lumbar Spine, 2 times weekly for 6 weeks, 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Lumbar Spine, 2 times wkly for 6 wks, 12 sessions: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in October 2014 while working as an airplane mechanic. She continues to be treated for back pain radiating into the right lower extremity. When seen, there was pain with spinal range of motion. There was decreased right lower extremity sensation with positive straight leg raising. Authorization for 12 sessions of physical therapy was requested. Guidelines recommend up to 12 treatment sessions over an eight-week period of time for the treatment of sciatica. In this case, there is no evidence that the claimant has previously participated in physical therapy treatments. Physical examination findings and symptoms support a diagnosis of lumbar radiculitis. The number of treatment sessions being requested is within the guideline recommendation and can be considered as being medically necessary.