

Case Number:	CM15-0197254		
Date Assigned:	10/12/2015	Date of Injury:	06/20/2014
Decision Date:	11/25/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	10/07/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 49-year-old male patient, who sustained an industrial injury, June 20, 2014. The diagnoses include left lower extremity radiculitis, sleeping disorder, lumbar myospasms, and sleep disturbance secondary to chronic pain, better since epidural steroid injection. According to progress note dated August 19, 2015, he had complaints of lumbar spine pain, which was relieved when taking medications. The patient felt the medications was strong and felt "drunk". The physical exam revealed the hamstrings on the right and left very stiff, the hip flexion limited to 5 degrees on both the right and the left, the straight leg raises positive on the left at 40 degrees, paravertebral lumbar spine muscle tenderness on the left side. The medications list includes Ultram and Norflex. The patient was not doing the neuroflossing exercise properly. The patient was very stiff and needed assistance with exercises. He has undergone lumbar ESI on 7/28/15. He has had lumbar MRI on 7/17/2014; EMG/NCS dated 11/10/2014, which revealed left L5 and S1 radiculopathy. The patient previously received the following treatments physical therapy, acupuncture, home exercise program, electrical stimulation, heat and cold therapy, therapeutic activity, Ultram and Norflex. The RFA (request for authorization) dated September 6, 2015; the following treatments were requested addition physical therapy for left lower extremity strengthening. The UR (utilization review board) modified on September 4, 2015; for physical therapy 2 times a week for 2 weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 2 times a week for 6 weeks, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Q-- Physical therapy, 2 times a week for 6 weeks, lumbar spine. The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. The requested visits are more than recommended by the cited criteria. The patient has had an unspecified physical therapy visits for this injury. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented 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, 2 times a week for 6 weeks, lumbar spine is not established for this patient at this time.