

Case Number:	CM15-0031495		
Date Assigned:	02/24/2015	Date of Injury:	04/19/2014
Decision Date:	04/13/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/19/2015

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 48 year old female, who sustained an industrial injury on 4/19/2014. The current diagnosis is disc herniation of the lumbar spine at the L5-S1 level. Currently, the injured worker complains of low back pain with radiation to her legs with associated numbness, tingling, and weakness in her legs. The physical examination of the lumbar spine revealed marked tenderness and spasm with palpation. Range of motion is restricted. There is decreased sensation to light touch. Straight leg raise test is positive on the right. Treatment to date has included medications. The treating physician is requesting 12 physical therapy sessions to the lumbar spine, which is now under review. On 2/10/2015, Utilization Review had non-certified a request for 12 physical therapy sessions to the lumbar spine. The California MTUS ACOEM Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy of the Lumbar Spine 3 times a week for 4 weeks as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines ACOEM: Current Edition; Low Back Disorders: Clinical Measures; Allied Health Interventions Physical or Occupational Therapy (electronically cited).

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

Decision rationale: According to the 01/19/2015 report, this patient presents with low back pain radiating to leg. The current request is for 12 Physical Therapy of the Lumbar Spine 3 times a week for 4 weeks as outpatient. The request for authorization is on 01/28/2015. The patient's work status is temporary total disability. 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. The medical reports provided for review indicate no previous therapy and there is no discussion regarding the patient's progress. The treating physician does not discuss the patient's treatment history nor the reasons for requested additional therapy. MTUS page 8 requires that the treating physician provides monitoring of the patient's progress and make appropriate recommendations. In addition, the requested 12 sessions exceed what is allowed by MTUS guidelines. MTUS supports 8-10 sessions of physical therapy for this type of myalgia condition. The current request IS NOT medically necessary.