

Case Number:	CM15-0045610		
Date Assigned:	03/18/2015	Date of Injury:	05/06/2014
Decision Date:	04/23/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/10/2015

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, Pain Management, Occupational Medicine

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 patient is a 39-year-old female with a date of injury recorded on May 6, 2014. She is treated for symptoms in her lower back with imaging findings showing a herniated nucleus pulposus and annular tear. She has received Norco, Flexeril, epidural steroid injections and chiropractic care. The patient continues to report lower back pain along with numbness and tingling in her right leg as well as guarding and spasm. Twelve additional sessions of physical therapy have been requested for a core stabilization program.

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 Treatment Guidelines.

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

Decision rationale: MTUS 2009 recommends up to 10 sessions of physical therapy for radiculitis. The patient has already received physical therapy and reported increased pain. She discontinued physical therapy due to the increased pain. She has already received physical therapy adherent to MTUS 2009 recommendations and her condition worsened. This request for additional physical therapy does not adhere to MTUS 2009 since it has already been provided. Furthermore, there is no clinical indication for physical therapy since her condition worsened with the prior trial. Based upon MTUS 2009 guideline and the lack of benefit from the prior trial, this request is not medically necessary.