

Case Number:	CM15-0051776		
Date Assigned:	03/25/2015	Date of Injury:	05/25/2001
Decision Date:	05/01/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/18/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 39 year old female who sustained an industrial injury on 05/25/2001. Current diagnoses include herniated nucleus pulposus of the lumbar spine with radiculopathy. Previous treatments included medication management. Report dated 02/02/2015 noted that the injured worker presented with complaints that included low back pain that radiates down her legs with associated numbness and tingling. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included request for physical therapy for low back pain, prescriptions for Norco, Soma, and follow up in one month. Disputed treatments include physical therapy, lumbar spine, 2 times weekly for 4 weeks (8 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 weekly for 4 weeks (8 sessions): Upheld

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

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

Decision rationale: This 39 year old female has complained of low back pain since date of injury 5/25/01. She has been treated with medications. The current request is for physical therapy of the lumbar spine 2 x 4 weeks (8 sessions). Per the MTUS guidelines cited above in the section Physical Medicine/ therapy, recommendations for PT state for the passive (out of home) PT process, 8-10 visits over the course of 4 weeks are indicated for a diagnosis of neuralgia, neuritis and/or radiculitis. It is unclear from the available medical records how many sessions of PT the patient has had already and whether any prior physical therapy sessions resulted in functional improvement. Additionally, there is no documentation regarding whether the patient's current symptoms constitute a flare of back pain or a continuation of chronic pain symptoms. On the basis of the available medical documentation and per the MTUS guidelines cited above, physical therapy, lumbar spine, 2 times weekly for 4 weeks (8 sessions) is not indicated as medically necessary.