

Case Number:	CM15-0055014		
Date Assigned:	03/30/2015	Date of Injury:	11/05/2013
Decision Date:	06/11/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/23/2015

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, Hawaii

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 36 year old male who sustained an industrial injury on 11/5/2013. His diagnoses, and/or impressions, included: lumbar sprain/strain; lumbar discogenic changes; lumbar disc protrusion without nerve compression; mild lumbosacral degenerative spondylosis; and radiating low back pain. Recent history notes complaints of significant, radiating low back pain, into the bilateral lower extremities, left > right, and primarily in his thigh and buttocks. Recent magnetic resonance imaging studies, and x-rays, of the lumbar spine are noted to have been done on 11/6/2014. His treatments have included an agreed medical evaluation (8/11/14); physical therapy; weekly chiropractic treatments for the low back (prior to this injury only); a home exercise program; and minimal medication management. Since 8/11/2014, it is noted that lumbar epidural steroid injections, and transforaminal nerve root blocks, as well as physical therapy have been recommended. Progress notes of 2/10/2015 reported left leg and buttocks pain. The physician's requests for treatments were noted to include physical therapy for the lumbar spine, following the recommended series of lumbar epidural blocks to relieve his pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Lumbar Spine - 3 times weekly for 6 weeks (18 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Physical Therapy Guidelines - Lumbar.

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

Decision rationale: The patient has ongoing lower back pain that radiates to the left leg with associated numbness. The current request is for Physical Therapy, Lumbar spine - 3 times weekly for 6 weeks (18 sessions). The CA MTUS does recommend physical therapy of 9-10 visits over an 8 week periods for myalgia and myositis. In this case, the current request greatly exceeds the MTUS guidelines. There is no documentation that the patient has had any recent surgery, new injury or new diagnosis that would require physical therapy treatment. The request for 18 sessions exceeds the guidelines and available documentation does not establish a reason to exceed the guidelines. As such, the request is not medically necessary and recommendation is for denial.