

Case Number:	CM14-0101805		
Date Assigned:	07/30/2014	Date of Injury:	11/18/2011
Decision Date:	08/29/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/01/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 48-year-old male with date of injury of 11/18/2011. The listed diagnosis per [REDACTED] is post-laminectomy syndrome. According to the 05/05/2014 report, the patient complains of moderate back pain. He states that his pain is constant. The patient describes his symptoms as unchanged. And that he has been attending physical therapy. The physical exam shows flexion is 70/90 degrees without pain, extension is 20/30 degrees without pain in the lumbar spine. There are no tenderness and spasms noted in the lumbar spine region. Motor strength is 5/5. Left straight leg raise is positive on the left. The left Lasgue's test is positive. The utilization review denied the request on 06/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 times a week for 6 weeks to Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: This patient presents with back pain. The requesting physician is requesting 18 physical therapy sessions for the lumbar spine. The MTUS Guidelines states on pages 98 and 99 of physical medicine recommends 8 to 10 visits for myalgia-, myositis-, and neuralgia-type symptoms. The records do not show any recent or prior physical therapy reports to verify how many treatments the patient has received and with what results. The UR notes that the patient received some 6 physical therapy visits since 05/01/2014. The 05/05/2014 report notes that the patient recently had a significant flare-up, which could have a recurrent herniation. The physician states that the injured worker needs to do his stabilization training and to try to get him back to full duty. In this case, while the physician reports a recent flare-up, the requested 18 sessions when combined with the previous 6 that he recently received would exceed MTUS Guidelines. Therefore, the request is deemed not medically necessary.