

Case Number:	CM14-0135952		
Date Assigned:	09/03/2014	Date of Injury:	02/08/2013
Decision Date:	10/30/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/22/2014

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 & 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 60 year old male with an injury date of 02/08/2013. Based on the 07/12/14 progress report provided by [REDACTED], the patient complains of lower back pain which radiates to the left lower extremity. He has muscle spasms in the lower back as well as weakness and numbness on the left L5 and S1. Both the straight leg raise and the bowstring exam are positive. He has an antalgic gait and is unable to heel-walk or toe-walk bilaterally. There is positive lumbar tenderness and lumbar spine range of motion has decreased 30%. The 04/14/14 x-ray of the lumbar spine showed DSN, L5-S1, motion on lateral flexion/extension studies. The 05/09/14 MRI of the lumbar spine revealed s/p L2/3 decompression with retrolisthesis left L4/5 NFN. The patient's diagnoses include the following: 1. Musculoligamentous sprain/strain, lumbosacral spine 2. L2/3 instability L4/5 NFN. [REDACTED] is requesting for physical therapy two times a week for four weeks for the lumbar spine. The utilization review letter being challenged is dated 07/29/14. [REDACTED] is the requesting provider, and he provided treatment reports from 04/14/14- 07/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xwk X 4wks Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The patient presents with lower back pain which radiates to the left lower extremity. The request is for physical therapy two times a week for four weeks for the lumbar spine. The utilization review letter states the patient has already had 8 certified physical therapy sessions. Under MTUS, pages 98, 99 Physical Medicine, myalgia and myositis: 9-10 visits over 8 weeks are recommended and for neuralgia, neuritis, and radiculitis: 8-10 visits over 4 weeks are suggested. In this case the patient already had 8 sessions of PT. The additional 8 sessions would exceed what is allowed by MTUS. The request is not medically necessary.