

Case Number:	CM14-0142897		
Date Assigned:	09/10/2014	Date of Injury:	04/23/2003
Decision Date:	10/16/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/03/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 58-year-old female was reportedly injured on April 23, 2003. The most recent progress note, dated July 29, 2014, indicates that there are ongoing complaints of neck pain and low back pain. The physical examination demonstrated tenderness along the cervical spine paraspinal muscles. There was a normal upper and lower extremity neurological examination. Diagnostic imaging studies of the lumbar spine revealed an anterolisthesis of L4 on L5. There was a disc protrusion at L5 - S1 with moderate thecal sac indentation. There was also a disc bulge at L3 - L4 and L4 - L5. Previous treatment includes physical therapy, steroid injections for the knee, oral medications, lap band surgery, and a lumbar spine epidural steroid injection. A request had been made for six sessions of physical therapy for the lumbar spine and was not certified in the pre-authorization process on August 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical Therapy Sessions for the Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: A review of the medical records indicates that the injured employee has had a recent lumbar spine epidural steroid injection with 50% reduced pain, reduced medication usage, and improved functional status. The injured employee has also previously participated in physical therapy for the lumbar spine. Considering this, it is unclear why physical therapy is requested when the injured employee is doing so well after a recent lumbar spine epidural steroid injection. Additionally there is also no reason why the injured employee has not transition from prior physical therapy to a home exercise program. As such, this request for six sessions of physical therapy for the lumbar spine is not medically necessary.