

Case Number:	CM14-0143011		
Date Assigned:	09/10/2014	Date of Injury:	09/21/2012
Decision Date:	10/10/2014	UR Denial Date:	08/05/2014
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 Occupational Medicine, 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:

Patient is a 50 year-old male with date of injury 09/21/2012. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/16/2014, lists subjective complaints as pain in the low back and neck with radicular symptoms to the upper and lower extremities. Objective findings: Examination of the lower spine and bilateral lower extremities revealed 5/5 strength and a negative straight leg raising test, bilaterally. There was mild pain with lumbar extension, moderate tenderness to palpation of the bilateral lumbar paraspinous musculature. Diagnosis: 1. Lumbar radiculopathy 2. Lumbar spinal stenosis 3. Cervical radiculopathy. Past treatments include L3-L4 and L4-L5 transforaminal epidural steroid injection on 06/06/2014. Patient claimed a 25% relief for one day and the pain returned to its previous level. Patient was approved for 12 visits of physical therapy on 05/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for six weeks (12 visits) for the Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 58-60.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Continued physical therapy is predicated upon demonstration of a functional improvement. There is no documentation of objective functional improvement. The patient's physical exam is remained essentially unchanged, and his medication regimen of Percocet 5/325 and Tramadol 50 mg were refilled in large quantities. Therefore, this request is not medically necessary.