

Case Number:	CM14-0149260		
Date Assigned:	09/18/2014	Date of Injury:	05/23/2006
Decision Date:	12/24/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/15/2014

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 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:

This is a 67 year old male with a 5/23/06 injury date. In a 7/15/14 note, the patient complained of persistent and increased low back pain with radiation to the hips and buttocks. Objective findings included lumbar flexion to 45 degrees and extension to 10 degrees, left lower extremity dysesthesias at L4-5 and L5-S1, and increased pain with straight leg raising on the left at 45 degrees. Diagnostic impression: lumbar degenerative disc disease, lumbar radiculitis. Treatment to date: medications. A UR decision on 8/20/14 denied the request for 8 sessions of physical therapy (two times a week for four weeks) because previous care rendered to this chronic injury was not outlined.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Sessions of physical therapy (2 times per week for 4 weeks) in treatment of the lumbar:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Low Back Procedure Summary (Last Updated 07/03/14), Physical Therapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter--Physical Medicine Treatment Chapter 6, page 114

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) stresses the importance of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals. Monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Official Disability Guidelines (ODG) supports 8-10 physical therapy sessions over 4 weeks for treatment of acute neuralgia, neuritis, or radiculitis. This patient may be a candidate for physical therapy treatment. However, there is a lack of clinical information that would help in determining if the patient currently has a flare-up or acute-on-chronic symptoms. This would be important given the 2006 injury date and the chronic nature of the condition. In addition, there is no discussion or summary of previous attempts at physical therapy, including when, how much, and what the result was. Therefore, the request for 8 sessions of physical therapy (two times per week for four weeks) in treatment of the lumbar is not medically necessary.