

Case Number:	CM14-0161219		
Date Assigned:	10/06/2014	Date of Injury:	12/07/2009
Decision Date:	11/03/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/01/2014

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 64 year old male with an injury date of 12/07/2009. Based on the 7/3/14 progress report provided by [REDACTED] the patient complains of mid/lower back pain, dull, and achy to sharp with radiation to bilateral lower extremities. The patient has tingling and numbness in his left foot and weakness in his bilateral lower leg. The patient has difficulty walking and has bilateral medial knee pain, worse with weight-bearing activities. There is no list of diagnoses provided. [REDACTED] is requesting for twelve sessions of physical therapy for the lumbar spine. The utilization review determination being challenged is dated 09/16/14. [REDACTED] is the requesting provider, and he provided one treatment report on 07/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve sessions of physical therapy for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98 and 99.

Decision rationale: According to the 07/03/14 progress report, the patient complains of mid/lower back pain, dull, achy to sharp with radiation to bilateral lower extremities. The request is for 12 sessions of physical therapy for the lumbar spine. Review of the reports show that there are no discussion regarding any prior physical therapy sessions on the progress report or the Utilization Review letter. MTUS guidelines pages 98 and 99 states that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. In this case, the treater does not discuss the reason for the request. There is no discussion of treatment history. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. The request of 12 sessions exceeds what is allowed per MTUS. The request is not medically necessary.