

Case Number:	CM14-0164708		
Date Assigned:	10/09/2014	Date of Injury:	06/11/2013
Decision Date:	11/13/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/06/2014

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 27-year-old female with a date of injury of 06/11/2013. The listed diagnoses per [REDACTED] are: 1. Lumbar degenerative disk disease/disk bulges. 2. Probable thoracic herniated nucleus pulposus. According to progress report 08/11/2014, the patient presents with continued low back pain and mid back pain. Examination revealed tenderness to palpation in the mid thoracic and mid lumbar spine. There was slight weakness in her left anterior tibialis which is 4/5. Sensory was diminished over the top of the left foot. Positive straight leg raise test was noted on the left side. The physician is requesting physical therapy 3 times a week for the next 6 weeks for "core stabilization program." Utilization review denied the request on 09/12/2014. There are 2 progress reports provided for review dated 08/11/2014 and 08/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 18 sessions 3 x a week for 6 weeks for thoracic and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178, Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter

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

Decision rationale: This patient presents with mid and low back pain that radiates into the lower extremity. The physician is requesting physical therapy sessions 3 times a week for 6 weeks for core stabilization. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia, myositis, and neuritis type symptoms 9 to 10 sessions over 8 weeks. Physical therapy treatment report from 03/17/2014 indicates that the patient has cumulatively had 27 sessions. The patient more recently participated in 8 physical therapy sessions between 03/17/2014 and 07/18/2014. Each report states that patient is to continue exercises to improve lower extremity strength flexibility and core stability. Report 03/19/2014 indicates the patient shows some improvement in core strength and flexibility and has decreased radiating symptoms with sessions. On 08/11/2014, the patient was prescribed 18 additional sessions. In this case, the current request for additional 18 sessions exceeds what is recommended by MTUS. Furthermore, there is no rationale provided to indicate why the patient has not been transitioned into a home exercise program. The request is not medically necessary.