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| Case Number: | CM14-0178057 | | |
| Date Assigned: | 10/31/2014 | Date of Injury: | 04/18/2013 |
| Decision Date: | 12/08/2014 | UR Denial Date: | 10/08/2014 |
| Priority: | Standard | Application Received: | 10/27/2014 |

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 32-year-old female with a date of injury of 04/18/2012. The listed diagnoses per [REDACTED] are: 1. Herniated nucleus pulposus, L5-S1 with left lower extremity radiculopathy. 2. Cervicothoracic strain. 3. Left shoulder probable multidirectional instability. 4. Status post left foot/ankle sprain/strain. 5. Gout significant right foot/ankle pathology. 6. Psychiatric diagnosis per [REDACTED]. 7. Gastrointestinal complaints, improved. According to progress report 09/30/2014, the patient presents with continued low back pain. Treater states that the patient was seen by a spine specialist at USC. Recommendation was for LESI and a program through USC's Physical Therapy Department. Patient states that she would like to try these treatments but USC is "bit of a drive." Examination findings reported tenderness in the lumbar area. The patient has forward flex to her lower calve and positive straight leg raising on the left. The request is for physical therapy 3 times a week for 8 weeks for the lumbar spine. Utilization review denied the request on 10/08/2014. Treatment reports 07/11/2014, 08/19/2014, and 09/30/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3xWk x 8 Wks for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy

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

Decision rationale: This patient presents with continued low back pain. She also complains of neck, left shoulder, and bilateral foot/ankle pain. The treater is requesting physical therapy 3 times a week for 8 weeks for the lumbar spine. 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. The medical file provided for review includes 3 progress reports which provide no treatment history. There are no prior discussions of physical therapy noted. In this case, given the patient's continued low back pain, a course of 9 to 10 sessions may be warranted. The treater's request for 24 sessions exceeds what is recommended by MTUS. This request is not medically necessary.