

Case Number:	CM14-0090959		
Date Assigned:	07/25/2014	Date of Injury:	02/08/2012
Decision Date:	09/22/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/16/2014

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:

The patient is a 58-year-old male who has submitted a claim for neuralgia, neuritis, and radiculitis and sacroiliac sprains and strains, associated with an industrial injury date of February 8, 2012. Medical records from 2013 to 2014 were reviewed. The patient complained of low back pain rated 4/10 with medications, and 6/10 without medications. The pain radiates to the left lower extremity. This is accompanied by occasional numbness in the left lower extremity to the foot. Physical examination showed spasm of the lumbar paraspinal muscles; tenderness over the bilateral paravertebral area at L4-S1 levels; increased pain on lumbar flexion and extension; and decreased strength of the extensor and flexor muscles in the left lower extremities. The diagnoses were chronic pain and lumbar radiculopathy. Patient had prior physical therapy treatments. However according to a progress report dated August 20, 2014, conservative treatment has failed including physical therapy. Treatment to date has included oral analgesics, physical therapy, and transforaminal ESI left L4-S1. Utilization review from June 5, 2014 denied the request for continued physical therapy (lumbar) 2 times a week for 4 weeks. There is limited information submitted detailing the claimant's response to previously completed sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Physical Therapy (lumbar) 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

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

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance function, range of motion, and can alleviate discomfort. The guideline recommends 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In this case, the patient had received unspecified number of physical therapy sessions. However, it is unclear whether number of treatment sessions has exceeded guideline recommendation. Moreover, progress report dated August 20, 2013 stated that the patient has failed conservative treatment including physical therapy. Likewise, there was no discussion as to why the patient was unable to do home exercises. The medical necessity for continued physical therapy treatment has not been established. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Continued Physical Therapy (lumbar) 2 times a week for 4 weeks is not medically necessary.