

Case Number:	CM14-0214275		
Date Assigned:	01/07/2015	Date of Injury:	04/08/2014
Decision Date:	02/28/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 30 year old female with an injury date on 4/8/14. The patient complains of lower back pain rated 5/10, with numbness in the right leg and occasional headaches per 11/17/14 report. The patient is taking Norco and Ambien per 11/17/14 report. The patient reports bilateral leg numbness in 10/5/14 report. Based on the 11/17/14 progress report provided by the treating physician, the diagnosis is HNP L4-5 L5-S1. A physical exam on 11/17/14 showed "no new motor/sensory deficits. Loss of range of motion [unspecified]." The patient's treatment history includes medications only. The treating physician is requesting physical therapy lumbar. The utilization review determination being challenged is dated 11/21/14 and denies request as patient has been authorized for 8 therapy sessions on 5/29/14 which postdates the 5/19/14, and current findings suggest no functional gains from prior care. The requesting physician provided treatment reports from 10/5/14 to 11/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy lumbar.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

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

Decision rationale: This patient presents with lower back pain, right leg numbness, and headaches. The treater has asked for PHYSICAL THERAPY LUMBAR on 11/17/14. Review of the reports do not show any evidence of recent physical therapy, but the utilization review letter dated 11/21/14 states that 8 physical therapy sessions have been authorized. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, there is no record of recent therapy and a short course of treatment may be reasonable for a flare-up, declined function or new injury. However, the patient has already been authorized for 8 physical therapy sessions. The treater does not indicate any rationale or goals for the requested 6 additional sessions of therapy. Combined with the 8 authorized sessions, the 6 additional sessions would exceed what is allowed by MTUS for this type of condition. The request IS NOT medically necessary.