

Case Number:	CM14-0215473		
Date Assigned:	01/02/2015	Date of Injury:	04/20/2009
Decision Date:	02/28/2015	UR Denial Date:	12/09/2014
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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 40 year old female with date of injury 4/20/09. The mechanism of injury is not stated in the available medical records. The patient has complained of low back pain since the date of injury. She has been treated with TENS unit, home exercise program and lumbar spine surgery. There are no radiographic reports included for review. Objective: tenderness to palpation of the L3-S1 spinous processes, positive straight leg raise on the right side. Diagnoses: lumbar spine radiculopathy, displacement of lumbar intervertebral disc. Treatment plan and request: physical therapy 2 X 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: This 40 year old female has complained of low back pain since date of injury 4/20/09. She has been treated with TENS unit, home exercise program and lumbar spine surgery. The current request is for physical therapy 2 x 6. Per the MTUS guidelines cited above, recommendations for PT state for the passive (out of home) PT process, 8-10 visits over the course of 4 weeks are indicated for a diagnosis of neuralgia, neuritis and/or radiculitis, as in this case. There is no documentation in the available medical records of prior quantity of physical therapy sessions or clinical response to any prior physical therapy. The current request also exceeds the recommended number of sessions for passive physical therapy. On the basis of the lack of medical documentation and per the MTUS guidelines cited above, physical therapy 2 x 6 is not indicated as medically necessary.