

Case Number:	CM15-0010544		
Date Assigned:	01/28/2015	Date of Injury:	02/06/2014
Decision Date:	03/20/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/19/2015

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 injured worker is a 32 year old male with an industrial injury dated 02/06/2014. His diagnoses include lumbar pain and right radiculopathy. Recent diagnostic testing has included a CT scan of the lumbar spine (11/12/2014) showing no evidence of fracture or dislocation involving the lumbar spine, and protrusion at the L5-S1, and a MRI of the lumbar spine (date unknown) showing L5-S1 central bulge with mild foraminal stenosis without significant change. He has been treated with a L5-S1 microscopic hemilaminectomy and decompression (06/18/2014), facet injection (12/04/2014), 27 sessions of physical therapy, and medications. In a progress note dated 10/28/2014, the treating physician reports back and right leg pain despite physical therapy treatment. The objective examination revealed decreased sensation over the right S1 root distally and tenderness to palpation of the right L5-S1 joint. The treating physician is requesting additional physical therapy sessions, which was denied by the utilization review. On 12/19/2014, Utilization Review non-certified a request for 18 additional physical therapy sessions, noting the previous 27 sessions of physical therapy with minimal improvement in functional limits and pain without complications or extenuating circumstances. The MTUS Guidelines were cited. On 01/19/2015, the injured worker submitted an application for IMR for review of 18 additional physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 18 sessions of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Postsurgical Treatment Guidelines.

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

Decision rationale: The patient presents with back and right leg pain rated 3-6/10. The request is for ADDITIONAL 18 SESSIONS OF PHYSICAL THERAPY. The RFA is not provided. Per the progress report dated 10/28/14, objective examination revealed decreased sensation over right S1 root distally and tenderness to palpation of right L5-S1 joint. Patient's diagnosis included lumbar pain and right radiculopathy. Patient is to continue light duty. MTUS pages 98,99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks are recommended." Treater is requesting 18 additional sessions of physical therapy. Per the UR letter dated 12/19/14, the patient has attended 27 sessions of physical therapy but continues to have low back pain radiating down the right leg. Treater does not provide a rationale for the continuation of the therapy despite the lack of efficacy and does not elaborate on why the patient is unable to transition into a home exercise program. Furthermore, the requested 18 additional sessions with the 27 treatments already authorized exceed what is allowed per MTUS for this kind of condition. Therefore, the request IS NOT medically necessary.