

Case Number:	CM15-0010953		
Date Assigned:	01/28/2015	Date of Injury:	02/22/2013
Decision Date:	03/18/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/20/2015

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: Emergency Medicine

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 30 year old male, who sustained a work/ industrial injury on 2/22/13. Mechanism of injury was not provided. He has reported symptoms of lumbar spine pain with radiation into the left leg. Pain was reported at 7/10 without medication and 2-3/10 with medication. Prior medical history was not provided. Surgery included left sided L5-S1 microdiscectomy. The diagnoses have included neuralgia, neuritis, and radiculitis; displacement of lumbar intervertebral disc without myelopathy. The physician's treating report from 12/17/14 noted decreased range of motion, tenderness at the paraspinal muscles, positive Kemp's sign bilaterally, normal strength bilaterally at L4, 5, and S1. There was decreased sensation at the L4 on the left. Treatment to date has included conservative treatment, medication, physical therapy (20 sessions), and a Transcutaneous Electrical Nerve Stimulation (TENS) unit. Medication included Motrin, Norco, and Colace. The treating physician recommended additional 6 sessions of Physical Therapy for strengthening. On 12/24/14, Utilization Review non-certified Physical Therapy 2 x week x 3 weeks to the Lumbar Spine, noting the California Medical treatment Utilization Schedule (MTUS) Guidelines, Chronic Pain, Physical Medicine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x week x 3 weeks Lumbar Spine: Upheld

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

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

Decision rationale: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Guidelines also recommend only up to 10 PT sessions for the diagnosis listed. Patient has already completed up to 20 prior sessions. The provider has failed to provide any rationale or reasoning for additional sessions. There is no documentation as to why the patient cannot perform home exercise program or why additional sessions is necessary. Additional Physical Therapy is not medically necessary.