

Case Number:	CM15-0016768		
Date Assigned:	02/05/2015	Date of Injury:	11/18/2004
Decision Date:	03/25/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/29/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 43 year old male, who sustained an industrial injury on November 18, 2004. He has reported lower back pain with radiation to the left leg and numbness and tingling. The diagnoses have included chronic lower back pain, radiculitis of the left lower extremity, and right elbow lateral epicondylitis. Treatment to date was noted to be medications. A progress note dated December 5, 2014 indicates a chief complaint of continued lower back pain radiating to the left leg and numbness and tingling, and compensatory right elbow pain secondary to lower back pain. Physical examination showed decreased range of motion of the lumbar spine with tenderness. The treating physician is requesting physical therapy for the lumbar spine three times each week for six weeks. On January 10, 2015 Utilization Review denied the request for physical therapy citing the MTUS chronic pain medical treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar spine 3 times a week for 6 weeks, quantity: 18 sessions:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69, 70-73, 98-99, 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 132-133.

Decision rationale: In accordance with California MTUS guidelines 8-10 visits over 4 weeks are recommended in the treatment of neuralgia, neuritis, and radiculitis. For myalgia and myositis 9-10 visits over 8 weeks is recommended. This patient has low back pain with associated weakness and sensory change in the left leg. This request is for 18 treatments, which exceeds the guideline recommendations. Also, the results of any prior physical therapy treatments are not known. Likewise, this request is not considered medically necessary.