

Case Number:	CM15-0146598		
Date Assigned:	08/07/2015	Date of Injury:	04/26/2011
Decision Date:	12/15/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/28/2015

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, Hawaii
 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 36 year old male, who sustained an industrial-work injury on 4-26-11. A review of the medical records indicates that the injured worker is undergoing treatment for lumbago and lumbar Herniated Nucleus Pulposus (HNP). Treatment to date has included pain medication Norco, Soma, Medrol dose pack, lumbar x-ray and other modalities. The physician indicates in the medical record dated 3-9-15 that the lumbar x-ray reveals loss of spinal lordosis and L5-S1 decreased disk space. Per the treating physician, report dated 7-7-15 the work status is full duty. Medical records dated (3-9-15 to 7-7-15) indicate that the injured worker complains of continued low back pain, limited range of motion and radicular pain that shoots down the right leg with weakness right lower extremity (RLE) and foot. The medical records also indicate worsening of the activities of daily living and increased neurological symptoms. The physical exam of the lumbar spine dated 7-7-15 reveals positive straight leg raise on the right, positive spasms, positive weakness of the right lower extremity (RLE), there is 4 out of 5 strength and foot drop. The physician indicates that "there is increasing neurological deficits." He recommended Magnetic Resonance Imaging (MRI) of the lumbar spine as soon as possible, transcutaneous electrical nerve stimulation (TENS), medications and physical therapy. The request for authorization date was 7-7-15 and requested service included 12 Physical therapy 2 times a week for 6 weeks for the lumbar spine. The original Utilization review dated 7-14-15 non-certified the request as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical therapy 2 x a week for 6 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient presents with lower back pain with bilateral lower extremity pain, weakness and numbness of the right foot. The current request is for 12 Physical therapy 2 x a week for 6 weeks for the lumbar spine. The treating physician report dated 7/7/15 is hand written and partially illegible. The reports states, "PT 2x6 L/S." There is no indication that the patient has had any recent surgeries. The MTUS guidelines provide a total of 8-10 sessions for patients with myalgia and neuritis type symptoms and then the patient is expected to continue on with a home exercise program. In this case, the treating physician has prescribed treatment in excess of the MTUS guidelines and there is no documentation to support treatment in excess of the guideline recommendations. The current request is not medically necessary.