

Case Number:	CM15-0065884		
Date Assigned:	04/13/2015	Date of Injury:	06/28/2013
Decision Date:	05/19/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/07/2015

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 27-year-old male, with a reported date of injury of 06/28/2013. The diagnoses include lumbar herniated nucleus pulposus with annular tear, and left lower extremity radicular pain with paresthesia. Treatments to date have included a transforaminal epidural steroid injection to the lumbar spine, an MRI of the lumbar spine, home exercise program, and oral medications. The progress report dated 02/06/2015 indicates that the injured worker had constant moderately severe low back pain, rated 7 out of 10, with radiation to the bilateral lower extremities and associated with numbness, tingling, and weakness. The objective findings include a slow and guarded gait, limited lumbar range of motion, positive straight leg raise test on the left side, weakness in the left gastrocnemius and peroneus longus muscle groups, and mild sensory deficit over the left S1 dermatome. The treatment plan included oral medications, a left-sided transforaminal epidural injection, and the continuation of his home exercise program. The treating physician requested physical therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical therapy.

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

Decision rationale: The patient presents with constant moderately severe back pain with radiation to the bilateral lower extremities and associated with numbness, tingling, and weakness. The current request is for Physical therapy lumbar. The treating physician states, in a report dated 02/06/15, [The patient] is not attending physical therapy treatment at this time. (60B) MTUS guidelines allow 8-10 therapy visits for myalgia and neuritis type symptoms. In this case, the treating physician in the same report listed above states: At this point, the patient will continue with his home exercise program for the lumbar spine, which includes core stabilization exercises. There is no mention of a request for physical therapy to the lumbar region in the records available for review, and frequency of PT visits is likewise not mentioned. The current request is for an unknown quantity, and MTUS does not support an open-ended physical therapy request. Therefore, the current request is not medically necessary and the recommendation is for denial.