

Case Number:	CM14-0136461		
Date Assigned:	09/03/2014	Date of Injury:	02/20/2005
Decision Date:	12/24/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/25/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 45 year old male with a date of injury of 8/11/14. The listed diagnoses are: 1. s/p TLIF for isthmic spondylolisthesis, L5-6 1/24/06 2. s/p revision of fusion 11/6/07 3. Postlaminectomy syndrome 4. Possible mild residual spinal stenosis 5. SI joint syndrome, possibly symptomatic. According to progress report dated 8/6/14, the patient presents with low back pain radiating to the bilateral lower extremities. The patient had an LESI on 6/16/14 "that provided no relief of symptoms." A physical examination revealed TTP of midline lumbar spine, paraspinous muscles and left SI joint. Sensation is decreased to light touch in the left anterior and lateral thigh, left calf and left foot. Sitting SLR is positive at 50 degrees on the left. The physician would like to refer patient for low back physical therapy. A Utilization review denied the request on 8/11/14. Treatment reports are from 1/16/14 through 8/6/14.

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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: This patient presents with low back pain radiating to the bilateral lower extremities. The current request, per report 8/6/14, is for physical therapy lumbar. Request for Authorization (RFA) from 8/7/14, requests "PT for basic lumbar program for 2 sessions a week for 6 weeks." For Physical Medicine, the MTUS guidelines page 98 and 99 recommends for myalgia, myositis and neuritis type symptoms, 9-10 sessions over 8 weeks. The medical file does not include physical therapy treatment history. Given the patient's chronicity of injury and multiple low back surgeries, it is likely the patient has participated in physical therapy in the past. The Utilization review letter states that the patient has "been provided therapy, instructed in independent home based therapy and a gym membership without documented compliance." The current request for 12 physical therapy sessions exceeds the MTUS recommendation of 9-10 visits. There is no rationale provided to indicate why the patient would not be able to continue self-directed home exercises. Furthermore, there is no report of a new injury, new surgery or new diagnosis that could substantiate the current request. The request is not medically necessary.