

Case Number:	CM14-0146587		
Date Assigned:	09/12/2014	Date of Injury:	03/07/2014
Decision Date:	10/21/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/09/2014

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 Occupational Medicine 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 65-year-old male who has submitted a claim for lumbago, lumbar radiculopathy, and lumbar stenosis associated with an industrial injury date of 03/17/2014. Medical records from 06/30/2007 to 08/25/2014 were reviewed and showed that patient complained of low back pain (graded 2-3/10) radiating down the legs. Physical examination revealed tenderness over lumbar paraspinal muscles and sacroiliac joint, decreased lumbar ROM, and positive SLR and Patrick's tests bilaterally. MRI of the lumbar spine dated 06/30/2007 revealed L3-4, L4-5, and L5-S1 disc bulge. Treatment to date has included lumbar ESI (06/05/2014), unspecified visits of physical therapy, and oral and topical medications. Of note, there was no documentation of functional outcome from physical therapy visits. Utilization review dated 08/28/2014 denied the request for Physical Therapy 2x6- Lumbar Spine because there was no documentation to show extenuating circumstances as to why patient should exceed guidelines recommendation for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Physical Therapy sessions for 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: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. In this case, the patient has already completed unspecified visits of physical therapy. However, there was no documentation of functional outcome from physical therapy visits. It is unclear as to why the patient cannot self-transition into HEP (Home Exercise Program). Therefore, the request for twelve (12) Physical Therapy sessions for Lumbar Spine is not medically necessary and appropriate.