

Case Number:	CM13-0017603		
Date Assigned:	11/06/2013	Date of Injury:	05/25/2007
Decision Date:	07/25/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/26/2013

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 Family Medicine and is licensed to practice in North Carolina. 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 43-year-old with a reported date of injury of 05/25/07. The patient has the diagnoses of postlaminectomy syndrome of the lumbar region and sciatica. The treatment modalities have included surgery, epidural injections, medication, hydrotherapy and physical therapy. The most recent provided progress reports from the primary treating physician dated 06/27/13 noted the patient has continued pain in the back with new onset widespread pain in the shoulders, elbows, wrists and legs. The physical exam showed bilateral lumbar paravertebral tenderness to palpation over the lumbosacral junction, bilateral sacroiliac tenderness, decreased flexion in the lumbar region and bilateral positive facet loading. The treatment plan consisted of blood work and modification of medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 X WK X 6 WKS FOR LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine page(s) 98-99 Page(s): 98-99.

Decision rationale: The California MTUS makes the following recommendations concerning physical medicine and the treatment of chronic pain, passive therapy can provide short-term relief during the early phases of pain treatment. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial 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. The recommendations for radiculitis, neuralgia and neuritis are 8-10 visits over 4 weeks. This patient has already completed PT in the past. There is no indication of actual benefit of previous PT besides it being beneficial. There is also no documentation of ongoing home exercise program to maintain any improvement. In addition, the requested sessions are in excess of the recommended guidelines. For these reasons the services are not medically necessary.