

Case Number:	CM13-0017648		
Date Assigned:	12/18/2013	Date of Injury:	04/25/2013
Decision Date:	01/27/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/28/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 physician 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 31-year-old male who reported an injury on 04/25/2013. The patient is currently diagnosed with lumbar radiculopathy, low back pain, and thoracic pain. The patient was seen by [REDACTED] on 07/22/2013. The patient reported radiating lower back pain and left upper extremity pain. Physical examination revealed loss of normal lordosis with straightening of the lumbar spine, restricted range of motion, tenderness to palpation over the paravertebral muscles, hypertonicity and spasm bilaterally, positive straight leg raising on the right, and normal gait. Treatment recommendations included continuation of current medications and continuation of a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of Physical Therapy for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288..

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

Decision rationale: The MTUS Chronic Pain Guidelines state 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. The Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. Treatment for radiculitis includes 8 to 10 visits over 4 weeks. As per the clinical notes submitted, the patient has been previously treated with physical therapy, which provided mild relief. However, documentation of the previous course of therapy with treatment duration and efficacy was not provided for review. Additionally, the current request for 12 sessions of physical therapy exceeds the MTUS Chronic Pain Guidelines' recommendations for a total duration of treatment. The request for 12 sessions of Physical Therapy for the Lumbar Spine as an outpatient is not medically necessary and appropriate.