

Case Number:	CM13-0017707		
Date Assigned:	12/27/2013	Date of Injury:	05/15/1987
Decision Date:	05/22/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/28/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine/Pain 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 58-year-old who sustained a work-related injury on May 15, 1987. Subsequently the patient developed with the chronic back pain for which she underwent surgery on 1991 and 1992, lumbar fusion 2001 and hardware removal in 2002. An MRI of the lumbar spine was performed on February 24, 2013 which demonstrated lumbar disease at L3-L4. According to a note dated on July 22, 2013, the patient reported worsening of his lumbar pain radiating into the buttocks bilaterally extending into the anterior and posterior portion of the thighs. Physical examination demonstrated tenderness in the lumbar spine with limited range of motion, weakness on the right iliopsoas. The patient uses a cane to ambulate and has difficulty walking on the heels and toes. The provider requested authorization for 12 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY, TWICE PER WEEK FOR SIX WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308 - 310.

Decision rationale: According to the Low Back Complaints Chapter of the ACOEM Practice Guidelines, up to ten physical therapy sessions is recommended for the treatment of chronic neuralgia, neuritis, radiculitis, myalgia and myositis. The request for physical therapy, twice per week for six weeks, is not medically necessary or appropriate.