

Case Number:	CM13-0019802		
Date Assigned:	12/13/2013	Date of Injury:	03/07/2010
Decision Date:	01/28/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/03/2013

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 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 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 65-year-old male with a date of injury 03/07/2010. He has carried a diagnosis of low back pain radiating to both legs, left greater than right, since the time of the injury. He states that when he is not having pain in his legs, he has numbness and tingling. An MRI performed on 09/05 2012 is most notable for a broad-based central disc protrusion at L4-5 causing severe central spinal canal stenosis and severe bilateral neural foraminal stenosis. The patient has not wanted to undergo surgery, and has elected for long term conservative treatment. The patient has also been diagnosed with major depressive disorder. Medical records were available for review dating back to August of 2012, including a psychiatric evaluation. His primary treating physician is orthopedist, [REDACTED]. [REDACTED] saw the patient on 08/12/2013 and the patient's subjective complaints were persistent low back pain, muscle spasms, muscle stiffness and tightness. He also has shooting pain down the leg, worse on the left with numbness and tingling. Objective findings at the time were blood pressure 144/79 pulse of 65. He had tenderness along the lumbar paraspinal muscles bilaterally. He walked with the use of a cane. He was unable to stand on his toes or heels. His gait was very antalgic and wide based. Although there is a large number of medical records generated from multiple visits with a number of physicians, documentation of previous physical therapy was not found.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY (PT): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101.

Decision rationale: The claimant has elected to be treated for his chronic pain by conservative management rather than surgery. The patient's date of injury is 03/07/2010. Physical therapy is recommended during the early stages of recovery from injury or following surgery. 3-1/2 years following the injury and with no plan for curative treatment, the MTUS recommends a home exercise program. In regard to the aquatic therapy, it can be used as an optional form of exercise therapy or as an alternative to land-based physical therapy. But again, with no documentation of previous physical therapy and no expectation of functional improvement, aquatic therapy is not medically necessary at this time.