

Case Number:	CM13-0020161		
Date Assigned:	10/11/2013	Date of Injury:	07/09/2010
Decision Date:	01/15/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/04/2013

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 and Rehabilitation and is licensed to practice in Oklahoma and 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 39-year-old male who reported an injury to his low back on July 9, 2010. The patient had an anterior lumbar fusion on March 29, 2011. He is reported to complain of ongoing intractable low back pain. He had a CT scan in January of 2012, which showed postsurgical changes at L5-S1. The patient stated that he has completed 4 sessions of physical therapy following the back surgery. He had lumbar facet injections at bilateral L3 and L4 in January 2013 with 10 days of relief; and had a radiofrequency ablation of the bilateral medial branches at right and left L3 and L4 on April 22, 2013. He is reported to complain of ongoing low back pain. A clinical note dated June 5, 2013, signed by [REDACTED], states that the patient continues to experience acute axial low back pain and has had urinary incontinence, on 6 occasions, over the past month, with no urgency. The patient reported no bowel incontinence and no numbness of the genitalia. The patient has had grossly unchanged physical exam findings. On June 11, 2013, the patient underwent an MRI of the lumbar spine without contrast, which reported postsurgical changes involving the L4, L5, and S1 levels with concentric protruding disc at L4-5 resulting in mild bilateral lateral recess stenosis. No new high grade neural effacement or focal neural effacement was demonstrated throughout the lumbar spine. A clinical note, signed by [REDACTED], dated July 7, 2013 reported that the patient continued to experience lumbar pain. The patient continued to have sexual dysfunction and left testicular pain following his surgery. He also stated that at that time he had completed 4 visits of physical therapy for his lumbar spine since his surgery. A recent request for surgery was denied. His physical exam is reported to be grossly unchanged. On July 3, 2013, the patient was seen by [REDACTED], who reported that the patient continued to complain of low back pain down the bilateral lower extremities, rated 5

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 3 times a week for 4 weeks, for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation ODG Low Back, Physical Therapy.

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

Decision rationale: The patient is a 39-year-old male who is reported to have injured his low back on July 9, 2010. The patient is reported to have undergone an anterior lumbar fusion at L5-S1 on March 29, 2011. He is reported to continue to complain of ongoing axial pain with radiation of pain to the bilateral lower extremities. He is noted to have treated conservatively with medications and to have undergone facet injections of the lumbar spine in January of 2013 with improvement of his pain for 10 days. In April of 2013, the patient underwent radiofrequency ablation of the bilateral L3 and L4 medial branches with only temporary relief of pain. The patient stated that he has only undergone 4 sessions of physical therapy following his lumbar surgery. However, a note dated July 3, 2013 and signed by [REDACTED] reported that the patient had worsening incontinence and continued complaints of low back pain radiating to the bilateral lower extremities; which he treats with ice and heat, stretching, walking, and relaxation along with a TENS unit. The patient stated that most activities aggravated his pain. He is reported on physical examination to have slight decreased strength in dorsiflexion and plantar flexion at 5-/5 bilaterally. The California MTUS Guidelines recommend up to 9 visits to 10 visits over 8 weeks for treatment of myalgia or myositis, and up to 8 visits to 10 visits over 4 weeks for treatment of neuralgia, neuritis, or radiculitis. The patient is reported to be performing stretching and walking at home and is noted to have only minimal weakness of the bilateral lower extremities, and no other deficits were noted. Based on the above, the need for physical therapy is not established. As such, the requested Physical Therapy 3 times a week for 4 weeks, lumbar spine is non-certified.