

Case Number:	CM13-0021940		
Date Assigned:	12/27/2013	Date of Injury:	01/28/2013
Decision Date:	04/14/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	09/09/2013

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 Preventive Medicine, has a subspecialty in Occupational and Environmental 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 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 33 year old male who was injured on 01/28/2013 sustaining injuries to his back and down his legs. Mechanism of injury is unknown. Prior treatment history has included 22 sessions of physical therapy without any relief and electrical stimulation. Diagnostic studies reviewed include MRI of the lumbar spine w/o contrast dated 05/03/2013 with the following findings: 1) L5-S1: Grade I (6-7 mm) anterior lytic spondylolysis is present with bilateral pars defect of L5. Central/biparacentral (right greater than left) disc protrusion, 6-8 mm, with annular tear and right foraminal disc protrusion, 8 mm, with annular tear results in impingement of the exiting right L5 nerve root and ganglion in the foramen without Final Determination Letter for IMR Case Number [REDACTED] impingement of the S1 nerve roots on these supine, non-weight bearing images. No significant central canal stenosis demonstrated. 2) T11-12: 2 mm bulge. Orthopedic consultation dated 04/19/2013 documented the patient to have complaints of back pain symptomatic. He has improved with therapy. He reports pain about 3/10 and it's sharp at times. Objective findings on exam included he can flex to within 6 inches of his toes. It does cause discomfort in his back, especially on the right side. He is only able to extend about 5 degrees past neutral. He has 4/5 strength in the left EHL with decreased sensation in the left L5 distribution. Reflexes are 2+ at the knees and ankles. Clinic note dated 07/25/2013 documents the patient to have complaints of continued discomfort in his back about 2/10 and to be slowly improving. He does have some tingling in his legs. Therapy has helped some. Objective findings on exam include he is able to flex to within a few inches of his toes. He can extend 20 degrees but it does cause him discomfort. He is able to heel and toe walk. He has normal strength and sensation distally. Physical therapy note dated 07/30/2013 is illegible. Physical therapy note dated 08/06/2013 is illegible. Physical therapy note dated 08/12/2013 is partially illegible.

Patient's response to treatment documents a decrease in pain. The remaining impairment requiring continued treatment is flexibility, ROM, pain and strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED OCCUPATIONAL THERAPY TIMES EIGHT FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 134.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 134.

Decision rationale: The Expert Reviewer's decision rationale: The ACOEM guidelines-revised chapter on low back pain from August 2008 detail: "It should be expected that most patients with more severe acute and sub acute low back pain conditions received 8 to 12 visits with allied health professionals over 6 to 8 weeks, as long as functional improvement and program progression are documented. Patients with mild symptoms may require either no therapy appointments or fewer appointments. Those with moderate problems may require 5 to 6 visits. (The number of recommended visits is the consensus of the evidence-based practice spine panel.) Patients with chronic low back pain who have not had prior treatment should follow similar guidance as those with acute low back pain. Other chronic low back pain patients may need more treatment. Factors influencing the number of visits needed include the content of prior treatment, patient response to prior treatment, their retention of information, and the exercises they were taught. The ODG Physical Therapy Guidelines detail: "Allow for fading of treatment frequencies (from up to three or more visits per week to one or less), plus active self-directed home physical therapy. Also see other general guidelines that apply to all conditions of physical therapy in the ODG preface, including assessment after a six-week clinical trial." Lumbar sprains and strains: 10 visits over eight weeks. Sprains and strains of unspecified parts of the back: 10 visits over five weeks. Sprains and strains over the sacroiliac region: 10 visits over eight weeks. Lombago; backache, unspecified: nine visits over eight weeks. Based on these guidelines, and absent documentation of medical necessity supported by the evidence-based guidelines, this request is deemed not medically necessary.