

Case Number:	CM13-0024928		
Date Assigned:	11/20/2013	Date of Injury:	07/30/2012
Decision Date:	01/29/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/16/2013

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 California, Ohio and Pennsylvania. 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 underlying date of injury in this case is 07/30/2012. The primary diagnosis is lumbar sprain. Additional diagnoses include disc herniation and radiculitis. The patient had been evaluated for lumbar spine pain with radiation to both legs including numbness and tingling. Treatment records outline extensive largely passive chiropractic treatment. The patient was seen in pain management evaluation in June 2013 with review of a history of acute upon chronic back pain. An MRI of the lumbar spine of 07/27/2012 was reviewed, which showed multilevel degenerative disc disease similar to a study of 2005. On exam the patient was tender in the right lumbar facets and the right cervical region. The patient demonstrated very limited lumbar extension. The patient was felt to have a chronic pain syndrome. The patient was recommended for continuation of treatment with Pepcid, tramadol, Celebrex, Lidoderm Patch, and Flexeril. On 09/26/2013, the patient was seen in pain management follow-up. The treatment plan was discussed for conservative and invasive management, including epidural injections in hope of avoiding the need for lumbar fusion surgery. Physical therapy was requested at that time for six visits to evaluate and treat the cervical, thoracic, and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times per week for 6 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Section on Physical Medicine. .

Decision rationale: The Chronic Pain Medical Treatment Guidelines, section on physical medicine, recommends allowing for the fading of treatment frequency plus active self-directed home physical medicine. Given the chronicity of this case, the treatment guidelines anticipate that this patient would have transitioned by now to independent home rehabilitation. The records do not document goals or rationale for the duration of the requested supervised physical therapy. The requested physical therapy is not medically necessary.