

Case Number:	CM13-0027718		
Date Assigned:	03/19/2014	Date of Injury:	06/05/2013
Decision Date:	05/07/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/23/2013

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 Orthopedic Surgeon, 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 injured worker is a 60-year-old male who reported an injury on 06/05/2013. The mechanism of injury occurred while using a jack to lift several pallets and he twisted his neck and back. The injured worker experienced an immediate onset of neck and lower back pain and was referred for care. The initial course of treatment included a course of chiropractic and a lumbar magnetic resonance imaging (MRI). This MRI was obtained on 06/27/2013 and revealed multilevel degenerative changes with moderate to severe spinal canal stenosis at L2-3 and L3-4, L4-5, and L5-S1. There were also multilevel areas of neural foraminal stenosis, most severe at L5-S1. The injured worker was also referred for a course of physical therapy without significant improvement in symptoms. He was then referred to a spinal specialist who recommended an L2 and L3 decompressive laminectomy. This physician also recommended continuation of physical therapy. There was no other information submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar spine (12 sessions): Upheld

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

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) Guidelines recommend up to 10 sessions of physical therapy for an unspecified myalgia or myositis, after an initial 6 visits has been determined to be effective. Although the most recent clinical note dated 09/24/2013 indicated the injured worker had decreased weakness to his left lower extremity muscles, there were no numerical values detailing range of motion deficits. In addition, it is unclear how many physical therapy sessions the injured worker has attended to date; therefore, guideline compliance and medical necessity cannot be determined. Furthermore, the current request for twelve sessions exceeds guideline recommendations. As such, the request for physical therapy for the lumbar spine twelve sessions is non-certified.