

Case Number:	CM13-0029796		
Date Assigned:	11/01/2013	Date of Injury:	10/11/2011
Decision Date:	02/06/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/27/2013

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 Family 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 24-year-old male who reported an injury on 10/11/2011. The patient is diagnosed with grade I spondylolisthesis with bilateral lower extremity radiculopathy, and cervical spine musculoligamentous sprain and strain. The patient was seen by [REDACTED] on 08/02/2013. The patient had completed 2 physical therapy sessions. The patient reported constant low back pain with numbness and tightness. Physical examination revealed paraspinal spasm and tenderness, decreased lumbar range of motion, positive sciatic notch tenderness bilaterally, positive straight leg raising, and weakness. Treatment recommendations included continuation of current physical therapy 2 to 3 times a week for 6 weeks for the lumbar and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy to the cervical and lumbar spine 18 sessions, 3 times a week for 6 weeks:
Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines states active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. Treatment for radiculitis unspecified includes 8 to 10 visits over 4 weeks. Treatment for myalgia and myositis unspecified includes 9 to 10 visits over 8 weeks. As per the clinical notes submitted, the patient has completed 2 sessions of recent physical therapy. The patient continues to report constant lower back pain with numbness and tightness. The patient's physical examination does not address the cervical spine. Physical examination continues to reveal paraspinal spasm and tenderness with decreased range of motion, positive sciatic notch tenderness, and positive straight leg raising with weakness in the lumbar spine. Furthermore, the current request for 18 sessions of physical therapy exceeds guideline recommendations. Based on the clinical information received, the request is non-certified.