

Case Number:	CM13-0030817		
Date Assigned:	01/03/2014	Date of Injury:	06/05/2013
Decision Date:	03/26/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/01/2013

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 Maryland. 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 had an industrial low back injury on 6/5/13. Her symptoms include low back pain with mild right radicular symptoms secondary to lumbar disc displacement without radiculopathy, lumbosacral spondylosis, acquired spondylolisthesis, and sciatica. The documented treatment to date has included physical therapy and medications. Her initial 6 visits of PT were interrupted by a hysterectomy. A second set of 6 visits of PT was started on 8/5/13 because of the interruption during her first 6 visits due to surgery and also due to the fact that during her convalescence she developed increased numbness in her right anterior thigh and pain in the low back. There is a request for 6 more sessions after the completion of 12 visits of PT to help maximize benefits of conservative care and hopefully to restore function and strength a bit further. An 8/14/13 Lumbar MRI scan shows a degenerative slip of L4 forward on L5 with some degree of facet arthropathy. An 8/21/13 office visit with the patient's primary treating physician indicates that there is a request for referral to a Physical Medicine and Rehabilitation specialist for further evaluation including possible injections. On 9/12/13 and 10/25/13 the patient received bilateral transforaminal and epidural lumbar injections. A 12/2/13 document from the pain management physician indicates that the patient has significant right sided low back and buttocks and leg pain and paresthesias. She has right sciatic notch tenderness, significant lumbar muscle tightening and a positive right straight leg raise. She had returned to modified work and through the course of her day and developed increased symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

A series of 6 outpatient additional physical therapy sessions for the low back: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines recommend up to 10 physical therapy visits for neuralgia, neuritis, and radiculitis. The patient has completed the recommended number of PT visits for her condition. At this point she should be well versed in a home exercise program according to the MTUS Chronic Pain Guidelines. The documentation submitted for review does not reveal extenuating circumstances that would warrant additional physical therapy. The request is not medically necessary and appropriate.