

Case Number:	CM13-0031839		
Date Assigned:	07/11/2014	Date of Injury:	03/15/2012
Decision Date:	10/31/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	10/04/2013

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 Emergency 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 reported date of injury is on 3/15/2012. No mechanism of injury was provided. Patient has a diagnosis of R lumbar facet syndrome, bilateral sacroiliac joint dysfunction, chronic pain syndrome, R lumbar radiculitis and lumbago. Medical reports reviewed. Last report reviewed until 9/17/13. Patient complains of low back pain radiating down R anterior and posterior leg and foot. Pain is constant and associated with numbness and tingling. Objective exam reveals no tenderness to exam of back. Full range of motion with pain worsened with flexion, straight leg positive on left side, negative Patrick's, FABER and Gaenslen test. Reasoning for PT was to "to help ensure maximum benefit of decreased pain." Prior PT and home exercise was limited due to pain. Lumbar epidural steroid injection on 8/28/13 reportedly provided 100% improvement in back pain but not thigh pain. CT of lumbar spine (4/16/12) reportedly showed L3-4 spondylosis with no significant disc bulge. MRI of lumbar spine (4/29/13) reportedly showed mild lumbar lordosis with facet arthropathy at L3-4, L4-5 and L5-S1 and disc dehydration and loss of height at L3-4. Medication list include Opana, Pamelor and Relafen. Patient has reportedly completed 5 prior PT sessions from (1/13/13-1/30/14) and reportedly undergone epidural steroid injection, facet blocks, acupuncture, chiropractic and other modalities with no improvement. Independent Medical Review is for 8 physical therapy sessions for low back (between 9/5/13-11/4/13). Prior UR on 9/9/13 recommended modification to 3 PT sessions. As per UR report, verbal discussion with requesting provider was made and the provider reportedly agreed to modification.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 PHYSICAL THERAPY SESSIONS FOR THE LOW BACK (BETWEEN 9/5/13 AND 11/4/13): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: As per MTUS Chronic pain guidelines, physical therapy may be recommended under certain criteria. For patient's pain, PT may be beneficial in improving pain and mobility. Patient had attempted PT and home exercise but was limited by pain in the past. Lumbar epidural has reportedly improved pain significantly. Long term plan is appropriate, by the treating physician, which is to maximize pain relief from LESI by maximizing physical therapy when patient could tolerate it. The requested number of sessions is also appropriate. 8 physical therapy sessions of the low back is medically necessary.