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| Case Number: | CM13-0034505 | | |
| Date Assigned: | 12/11/2013 | Date of Injury: | 08/09/2007 |
| Decision Date: | 03/11/2014 | UR Denial Date: | 10/02/2013 |
| Priority: | Standard | Application Received: | 10/15/2013 |

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 & Rehabilitation and is licensed to practice in New York and Texas. 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 46-year-old male who sustained an injury on 08/09/2007 when he fell. The patient underwent lumbar discectomy and anterior posterior fusion on 08/04/2010. Postoperatively, the patient was treated with physical therapy in 2010. Per the clinical note dated 01/27/2014, the patient has left testicular pain. Upon physical examination, the patient appeared to not be in any acute distress. It was noted the patient had a spasm present in the lumbar paravertebral region and tenderness noted in the right and left lumbar paravertebral regions at the L4-5 and L5-S1 levels. The patient was also noted to have decreased range of motion to the lumbar spine area. The treatment plan noted that the patient was to continue his home exercise program as tolerated and return to clinic in 4 weeks or sooner if necessary.

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: The request for physical therapy to the lumbar spine times 12 sessions is non-certified. Physical therapy is recommended for restoring flexibility, strength, endurance, function and range of motion by guidelines. The documentation submitted for review did note the patient had decreased range of motion to the lumbar spine region. However, the documentation submitted for review did not indicate whether the patient had decreased strength, function and/or decrease strength. It is additionally noted that following the patient's lumbar spine fusion, the patient participated in physical therapy. The outcome of such therapy was not submitted for review. Furthermore, documentation submitted for review dated 01/27/2014 indicated the patient's treatment plan was for him to continue his home exercise program. There was no indication for the need of physical therapy. California MTUS Guidelines recommend up to 10 visits of physical therapy for patients with low back pain. Therefore, the request for 12 additional visits exceeds guideline recommendations. Given the information submitted for review, the request for physical therapy to the lumbar spine 12 sessions is non-certified.