

Case Number:	CM13-0039354		
Date Assigned:	12/18/2013	Date of Injury:	07/21/2002
Decision Date:	02/26/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/28/2013

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 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 68-year-old female who reported an injury on 07/21/2002. The mechanism of injury was bending and lifting. The injury resulted in lower back pain that radiated to her left leg and calf. The initial course of treatment is unclear; however, she received an unspecified lower back surgery on 09/15/2005. After the surgery, the patient reported her left leg being weak and resulted in 3 falls in 10/2006, 11/2008, and 04/2009. The patient underwent another lumbar spine surgery on 12/09/2010, and received 16 postoperative physical therapy sessions that did not help her symptoms. In approximately 09/2012, it was strongly suspected that the patient was suffering from a motor neuron disease. The Complex Agreed Medical Evaluation performed in 05/2013 stated that the patient may require up to 12 physical therapy sessions on an annual basis. Physical examination on that date revealed bilateral sacroiliac joint tenderness and paravertebral muscle spasm of the lumbar spine, lumbar flexion of 10 degrees, extension of 20 degrees, and bilateral bending of 20 degrees. There was diminished sensation in the left L4, L5, and S1 dermatomes, reflexes were trace on the left, and supine straight leg raising was positive on the right at 40 degrees and on the left at 70 degrees. There was no other clinical information provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for 8 physical therapy: Upheld

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

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

Decision rationale: The California MTUS/ACOEM Guidelines recommend physical therapy to restore flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. Guidelines recommend up to 10 visits for unspecified myalgia and myositis, neuralgia, neuritis, or radiculitis. The most recent clinical note submitted for review dated 09/24/2013 revealed that the patient was experiencing worsening lower back pain; however, there were no physical examination findings supporting the need for therapy. According to the 05/07/2013 Agreed Medical Evaluation, the patient does have range of motion deficits of the lumbar spine, and physical therapy would be appropriate; however, the current request for 8 sessions of physical therapy exceeds guideline recommendations of 6 initial visits to determine treatment efficacy. As such, the request for 8 physical therapy is non-certified.