

Case Number:	CM13-0041623		
Date Assigned:	12/20/2013	Date of Injury:	05/18/2012
Decision Date:	08/15/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/11/2013

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 Physical Medicine and Rehabilitation, has a subspecialty Interventional Spine 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 is a 38-year-old male with date of injury of 05/18/2012. The listed diagnoses per [REDACTED] dated 08/12/2013 are: Chronic back pain; Chronic radiculopathy; Facet arthropathy. According to this report, the patient complains of low back pain with intermittent leg complaints, right greater than the left. He is currently working in modified capacity with no lifting greater than 25 pounds. He takes ibuprofen 2 to 3 times per day and he states that this does offer some relief from his pain. He denies any side effects to the medications. The physical exam shows the patient is alert and oriented, and in no acute distress. Gait is normal. Heel and toe walk is normal. He has tenderness to palpation of the lumbar spine midline and bilateral facet region. He has diminished sensation in the right S1 dermatome. The right EHL is 4+/5. Reflexes are normal in the upper and lower extremities. He has a positive facet provocation test bilaterally. He has a mild positive FABERE test on the right side. The utilization review denied the request on 10/07/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES PER WEEK FOR 6 WEEKS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

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

Decision rationale: This patient presents with low back pain and intermittent leg pain. The provider is requesting twelve physical therapy sessions for the lumbar spine. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia-type symptoms. The records do not show any recent or prior physical therapy reports to verify how many treatments the patient has received and with what results. The provider has not supplied a physical therapy history in the reports. In this case, while the patient can benefit from a short course of physical therapy, the requested 12 sessions exceeds the MTUS recommendations of 8 to 10 visits. Physical Therapy for the lumbar spine is not medically necessary.