MAXIMUS Federal Services

Case Number:	CM13-0042804		
Date Assigned:	05/21/2014	Date of Injury:	10/19/2012
Decision Date:	07/11/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/18/2013

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 Preventive Medicine and Rehabilitation, has a subspecialty in 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:

This patient is a 62-year-old male with date of injury 10/19/2012. The treating physician's report dated 09/24/2013 states the patient presents with constant low back pain with radiation down both lower extremities. On July 2013, the patient received 10 sessions of physical therapy after self-procuring through personal physician's medications and chiropractic treatments. The patient's current symptoms increase with walking less than 5 minutes, standing 3 minutes, sitting 5 minutes, bending, stooping, lifting anything, and going up and down the steps. Examination showed 80% arises with difficulty, gait is balanced and symmetric. Range of motion was mildly diminished. Neurologic examination was normal. The x-rays of the lumbar spine showed L4-L5 level osteophytes. Diagnostic impression was lumbar spinal stenosis, disk herniation at L4-L5. The MRI of the lumbar spine from June 2013 showed severe spinal stenosis centrally at L3-L4, moderately at L4-L5, right-sided disk herniation causing severe right foraminal stenosis. The patient was referred to pain management for possible epidural injection and to continue physical therapy 2 times a week for 4 weeks if the patient fails these, 2-level decompression and fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TO LUMBAR SPINE 2X PER WEEK FOR 4 WEEKS: 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: This patient presents with chronic low back pain and bilateral lower extremity pains with MRI of the lumbar spine demonstrating severe spinal stenosis at L4-L5 along with disk herniation. The treating physician has asked for additional physical therapy 2 times a week for 4 weeks. The patient's treatment history shows that the patient recently completed 10 sessions of physical therapy. Prior to that, the patient was treated with medications and chiropractic treatments. The MTUS Guidelines support 8 to 10 sessions of physical therapy for radiculitis and neuritis type of condition that this patient suffers from. For myalgia and myositis, The MTUS Guidelines support only 10 sessions. This patient already completed 10 sessions of physical therapy. The treating physician would like the patient to continue physical therapy based on patient's continued complaints of pain. However, it does not appear that physical therapy has made significant difference in this patient's condition. The patient should be encouraged to continue home exercise program and consider the epidural steroid injection suggested by the treating physician. The MTUS Guidelines do not support more than 10 sessions for this type of condition and the patient has already completed 10 sessions along with other treatments such as chiropractic care. The request is not medically necessary.