

Case Number:	CM13-0043101		
Date Assigned:	12/27/2013	Date of Injury:	12/05/1996
Decision Date:	02/24/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/22/2013

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 and Rehabilitation and Pediatric Rehabilitation Medicine and is licensed to practice in Illinois, Indiana 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 58-year-old male who reported an injury on 12/05/1996. The mechanism of injury was not submitted. The patient was diagnosed with low back pain and right lower extremity radicular pain associated with L4-5 degenerative disc disease with moderate to severe left and moderate right lateral recess stenosis and L5-S1 broad-based disc bulge with degenerative disc disease with severe bilateral lateral recess stenosis and bilateral foraminal stenosis, right greater than left. The patient experienced a flare-up of low back pain, as well as pain radiating down the right buttock, posterior thigh, around the right lower leg, and into the dorsum of the right foot. The patient had MRI of the lumbar spine without contrast on 11/20/2013 showed mild to moderate spinal canal and bilateral neural foraminal stenosis at L4-5 with mild to moderate bilateral lateral recess stenosis as result of degenerative findings; disc osteophyte complex at L5-S1 and bilateral facet disease with moderate to severe bilateral neural foraminal stenosis; mild retrolisthesis of L2-3 with a small disc bulge and bilateral facet disease. The patient is taking Norco and Flexeril for pain and spasms. The documentation stated symptoms remained 70% low back pain and 30% right leg pain. The physical examination revealed a non-antalgic gait. The lumbar spine had full range of motion. There was mild tenderness in the paraspinals. The straight leg raise was negative. The physical therapy note dated 09/16/2003 stated the patient has mildly restricted range of motion in the thoracic spine secondary to pain and muscle spasm. Muscle strength was within functional limits.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy sessions for the low back: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back

Decision rationale: The California MTUS states physical medicine with passive therapy can provide short-term relief during early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation, and swelling and to improve the rate of healing of soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Treatment is recommended at a maximum of 9 to 10 visits for myalgia and myositis and 8 to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The clinical documentation submitted for review indicated the patient had a flare-up of low back pain, as well as radiating pain down the right lower extremity. However, the patient attended physical therapy previously, but no documentation was submitted for review indicating continued functional deficits. Given the lack of documentation to support guideline criteria, the request is non-certified.