

Case Number:	CM13-0043108		
Date Assigned:	12/27/2013	Date of Injury:	04/15/2011
Decision Date:	02/24/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/21/2013

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, 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 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 69-year-old male with date of injury on 04/15/2011. The progress report dated 10/04/2013 by [REDACTED] indicates that the patient's diagnoses include: (1) Low back pain, (2) Lumbar spondylolisthesis, (3) Sciatica (4) Lumbar stenosis and (5) Lumbar herniated disks. The patient continues with low back pain with radicular side effects, left worse than the right. The patient has undergone physical therapy, anti-inflammatory medication, and muscle relaxants. He has also been educated in the appropriate prognosis of his lower back and activity modifications. Trigger-point injections of the lower back have also been tried which have helped him, but they have been temporary. Exam findings include positive straight leg raise bilaterally at approximately 45 degrees. Reflexes are 2+. Sensory exam is normal. There is 5/5 muscle strength in the bilateral upper extremities and bilateral lower extremities. The progress report indicates the patient has MRI findings which showed severe stenosis at L4-S1 with moderate at L3-L4 with a spondylolisthesis at L4-L5. A treatment request was made for the continuation for massage and chiropractic care as the patient had responded well to these in the past. The request for authorization form dated 10/09/2013 indicates the request was for physical therapy and massage to the lumbar spine, 12 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (PT) and Massage 2x6 (12 visits) for the Lower Back: Upheld

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

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

Decision rationale: The patient continues with chronic low back pain with radicular symptoms into the bilateral lower extremities. The records indicate the patient has had previous physical therapy, chiropractic treatment, and massage therapy. The treating physician indicates that the patient has responded well to this therapy. However, it is unclear to what extent this therapy has provided the patient with functional improvement. It is also unclear how many sessions of physical therapy or massage therapy this patient has received and when those treatments were performed. No physical therapy/massage therapy progress reports were available for review. MTUS page 98, 99 regarding physical medicine allows for fading of treatment frequency plus active self-directed home physical medicine. Up to 10 visits of physical therapy is recommended for myalgia, myositis, neuralgia, neuritis, and radiculitis. MTUS further states on page 60 regarding massage therapy that this treatment should be an adjunct to other recommended treatment and should be limited to 6 visits in most cases. The request for 12 additional sessions of physical therapy/massage therapy exceeds the number of visits recommended by the guidelines noted above. Therefore, recommendation is for denial.