

Case Number:	CM13-0043976		
Date Assigned:	12/27/2013	Date of Injury:	08/17/2011
Decision Date:	08/11/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/31/2013

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 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 injured worker is a 52 year old male who reported an injury on 08/07/2011 due to an unknown mechanism. Physical examination dated 06/26/2013 revealed further increase in lower back pain, left leg pain with some associated weakness. The injured worker had an MRI which showed findings at the L4-5. There was degenerative grade 1 spondylolisthesis at the L4-5. It appeared to be significant bilateral facet hypertrophy which resulted in at least moderate subarticular and neural foraminal stenosis, somewhat greater on the left side than on the right. The L3-4 showed a moderate degree of disc desiccation, mild disc space narrowing and minimal posterior annular disc bulging and endplate spurring with no significant stenosis. The remaining disc level appeared to be relatively normal. There was an approximately 3 mm of anterolisthesis of the L4 on L5. In addition, the injured worker had lateral flexion x-rays of the lumbar spine. On the neutral upright lateral view there was approximately 4 mm of anterolisthesis of L4 on L5. This increases to 6 mm on the flexion view and increased to 8 mm on the extension view. The injured worker continued to experience ongoing lower back axial/mechanical type symptoms and intermittent radicular pain with functional weakness on the left of the left leg. It was noted within the report that 6 additional visits of physical therapy had been approved for both the cervical spine and lumbar spine. The injured worker was awaiting authorization for right upper extremity surgery of the left shoulder. Future treatments for the injured worker included epidural corticosteroid injections or reconstructive surgery. The surgery would require decompression, interbody fusion and segmental instrumentation at the L4-5. Diagnoses for the injured worker were spondylolisthesis, lumbar spine, and radiculopathy. Medications for the injured worker were not reported. Past physical medicine modalities were not reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY (18 SESSIONS): Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines recommends physical therapy. 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. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical Medicine Guidelines are to allow for fading of treatment frequency (from up to 3 weeks visits per week to 1 or less), plus self-directed home physical medicine. Recommended treatment for unspecified myalgia and myositis are 9 to 10 visits over 8 weeks and for unspecified neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are recommended. Previous physical therapy sessions were noted with no report pain relief or functional improvement. It was not noted that the injured worker was actively continuing exercises at home. There was no report of the injured worker's physical deficits. The request for 18 sessions exceeds the MTUS Chronic Pain Guidelines' recommendations. As such, the request is not medically necessary and appropriate.