

Case Number:	CM13-0044717		
Date Assigned:	12/27/2013	Date of Injury:	05/17/2012
Decision Date:	08/12/2014	UR Denial Date:	10/16/2013
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 Occupational Medicine, 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 27 year old male who was injured on 05/17/2012. He sustained an injury to his legs, back and testicles when he slipped. He was treated conservatively with physical therapy, acupuncture and LESI. On ortho consult dated 08/02/2013, the patient complained of low back pain with radiation to both legs. He rated his pain as 9/10. He has associated numbness and tingling with sensations of pins and needles. On exam, there is discomfort noted at the spinous processes and paraspinal muscles elicited diffuse discomfort of the lumbar region. Range of motion exhibited forward flexion of the lumbar spine is 55 degrees and hyperextension 10 degrees. Straight leg raise was negative. Manual motor testing is 5/5 in all muscle planes. Reflexes were 1/2 at the knees and ankles bilaterally. Diagnoses are likely discogenic low back pain and disc bulges L5-S1 greater than L4-5. The patient was instructed to continue conservative management versus surgical options. On ortho note dated 09/16/2013, the patient was recommended to undergo physical therapy twice a week for 6 weeks of physical therapy and instructed to remain on disability until his symptoms improve. Prior utilization review dated 10/16/2013 states the request for physical therapy 2 times a week for the lumbar spine qty:12.00 is not certified as guidelines do not support ongoing physical therapy; therefore the request has been modified to two visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar spine, twice weekly for six weeks: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back), Physical Therapy.

Decision rationale: This is a request for additional physical therapy for a 27-year-old injured on May 17, 2012 with chronic low back pain. The Chronic Pain Medical Treatment Guidelines recommend up to 10 visits over 8 weeks for acute exacerbations of chronic pain. However, an August 2, 2013 note mentions no improvement with six prior physical therapy sessions. There is no documentation of acute exacerbation or interval injury. Medical necessity is not established. The request for physical therapy for the lumbar spine, twice weekly for six weeks is not medically necessary or appropriate.