

Case Number:	CM13-0045386		
Date Assigned:	12/27/2013	Date of Injury:	05/05/2011
Decision Date:	06/06/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/12/2013

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 Family 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:

This injured worker's date of injury was 05/05/2011. The patient's treating physician is treating the patient for chronic low back pain and lumbar spondylosis. The patient's treating physician indicated in his consultation note dated 10/21/2013 that the patient complained of low back pain with radiation to the right lower extremity. The patient had undergone MRI (magnetic resonance imaging) of the lumbar spine, which showed a combination of facet hypertrophy and areas of foraminal narrowing. On examination, there was no tenderness and a straight leg raising test was positive at 30 degrees on both sides. His neurologic exam was a normal. The diagnosis was lumbar spondylosis and right sided sciatica. The treating physician requested 18 sessions of physical therapy over 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 PHYSICAL THERAPY SESSION, THREE TIMES A WEEK FOR SIX WEEKS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Page(s): 98-9. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), physical therapy, low back pain.

Decision rationale: The patient has chronic low back from lumbar spondylosis with right sided sciatica. The treating physician has requested 18 physical therapy sessions, three times a week over six weeks. The MTUS allow physical medicine for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. For myalgia and myositis, unspecified: 9-10 visits over 8 weeks. For neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. For Reflex sympathetic dystrophy (CRPS): 24 visits over 16 weeks. The Official Disability Guidelines (ODG) states that there are often greater response rates to active over passive forms of physical treatments. That is, the patient must perform a set of home therapy activities in order to attain the best benefit from physical treatments. The guidelines recommend a fading of the physical therapy sessions. The treatment guidelines limit the total number of sessions to 8 to 10 visits over 4 weeks. Based on the documentation in this case, the request for 18 sessions over 6 weeks is non-certified.