

Case Number:	CM13-0048560		
Date Assigned:	12/27/2013	Date of Injury:	03/31/2009
Decision Date:	06/03/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/05/2013

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 Anesthesiology, has a subspecialty in Pain Management 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 has filed a claim of lower back pain and left leg pain associated with industrial injury date of 03/31/2009. Treatment to date has included epidural steroid injections with moderate effect; bilateral hip replacement in 2012, physical therapy sessions since 2013 without relief of symptoms noted, spinal cord stimulation, and medications such as aspirin, Hydrocodone-Acetaminophen, Enalapril Maleate, Verapamil HCL, Hydrochlorothiazide, Sertraline and Celebrex. Medical records from 2013 were reviewed which revealed consistent low back pain with burning and tenderness in the left leg as well as the right leg. Pain scores include a current pain level of 7/10; this is without medication and 5/10 as his average pain scale with medications. He described the pain as sharp, aching, throbbing, numbing pins and needles type of pain. Aggravating activities contributing to his pain were walking, standing, lying, bending, lifting and twisting relieved by reclining, exercise and medications. Pain interferes with work, sleep, personal grooming, sexual relations and shopping. Patient was noted to have developed avascular necrosis due to excessive series of epidurals. Physical examination showed walking with one crutch under left arm. There was no pain on palpation. Range of motion of lumbar spine towards flexion is 90 degrees, extension 33 degrees, rotation to right and left were 50% in range with pain. Straight leg test and Patrick's sign were both negative.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE LOW BACK (12 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.

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Treatment regimens should be tapered and transitioned into a self-directed home program. In this case, patient had physical therapy sessions since 2013. The total number of visits is unknown due to lack of documentation. However, no improvement was noted. The guidelines further state that treatment should be tapered and transitioned into self-directed home program. The patient is expected to be well-versed in an independent exercise program by now. Therefore, the request for physical therapy twice a week for 6 weeks is not medically necessary.