

Case Number:	CM13-0049232		
Date Assigned:	01/03/2014	Date of Injury:	11/25/1981
Decision Date:	03/20/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/07/2013

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 63 year old male with a date of injury of 11/25/1981. The diagnosis dated 09/18/2013 is disk protrusion 3 mm L4-L5 and L5-S1 with left-sided S1 radiculopathy. According to report dated 09/18/2013, the patient presents with "severe low back pain with radiation of pain into the left lower extremity". It was noted the patient has increasing pain in the lower back and the left leg. Examination of the lumbar spine showed tenderness and spasm in the left lower lumbar region. Flexion is 60, extension is 20, and lateral bending to the right and left is 20. Straight leg raise was noted as positive on the left. There was decreased sensation at the plantar aspect of the left foot. Weakness noted with toe walking and plantar flexion of the ankle and foot. MRI of the lumbar spine dated 10/15/2007 demonstrates a 3-mm disk protrusion at L4-L5 and L5-S1. Treater requests authorization for physical therapy 3 times a week for 4 weeks as "patient has only received 6 sessions of physical therapy in the past several years".

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three times a week for four weeks for the lumbar spine: Upheld

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

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

Decision rationale: This patient was presented with low back pain with radiation of pain into the left lower extremity. The physician is requesting 3 times 4 physical therapy sessions for the lumbar spine. The physician in report dated 09/18/2013 states patient has only received 6 therapy sessions in the last "past several years." For physical therapy medicine, the MTUS Guidelines page 98 and 99 recommends 9 to 10 visits over 8 weeks for myalgia and myositis and neuralgia type symptoms. Given the lack of any formalized physical therapy in the recent past, a short course of therapy may be warranted. However, the requested 12 sessions exceeds what is recommended by MTUS Guidelines. Recommendation is for denial.