

Case Number:	CM13-0050435		
Date Assigned:	06/16/2014	Date of Injury:	08/15/1977
Decision Date:	08/05/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/25/2013

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, has a subspecialty in Pain 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 is a 60-year-old female who sustained a remote industrial injury on 08/15/77 diagnosed with postlaminectomy syndrome of the lumbar region and lumbosacral radiculitis. Mechanism of injury occurred when the patient was loading very heavy boxes of records to a truck, resulting in significant low back pain. The request for 12 Physical Therapy Visits for the Lumbar Spine was modified at utilization review to certify 3 Physical Therapy Visits for the Lumbar Spine as there is no documentation concerning the patient's previous sessions and 3 visits can refresh the patient in a home exercise program. The most recent progress note provided is 08/29/13. Patient complains primarily of low back and leg pain. Patient is not exercising regularly as most exercise increases her pain. The patient last underwent physical therapy a few years and reported significant benefit. Physical exam findings reveal decreased sensation in the right posterior lower leg and in the left anterior, medial, and lateral lower leg; paraspinal tenderness in the low lumbar area; and the range of motion of the lumbar spine is limited with increased pain. Current medications include: Pristiq, Deplin, Propranolol, and Tizanidine. It is noted that Tizanidine helps the pain and allows her to sleep and a TENS unit is also effective. The treating physician is requesting physical therapy to help establish a home exercise program, a lumbar epidural steroid injection for radicular symptoms, and to continue pain psychological treatment. Provided documents include previous progress notes, a Pain Psychological Interview dated 09/19/13 that concludes the patient is a good candidate for spinal cord stimulation, and an Agreed Medical Evaluation (AME) dated 01/28/13. The patient's previous treatments include 3 back surgeries, TENS unit, medication, pain psychological treatment, acupuncture, osteopathic manipulation, pool therapy, home exercise, and an unspecified number of sessions of physical therapy. Imaging studies are not provided but an MRI of the lumbar spine, performed on 05/01/13, is referenced as revealing a disc prosthesis is in place at the L5-S1 level; mild disc degenerative changes at the

L2-3 and L3-4 levels; mild neuroforaminal narrowing; and an anterior margin of the disc at the level demonstrates degenerative spurring with mild endplate degenerative signal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Physical Therapy visits for the lumbar spine: Upheld

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

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

Decision rationale: According to CA MTUS guidelines, Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Provided documentation, including the previous utilization review, notes that the patient has participated in physical therapy in the past but the number of sessions completed and any functional benefit obtained is not quantified. Further, the treating physician does not document limitations that would necessitate more physical therapy sessions over the patient continuing therapy in a safe home exercise program. Although in consideration of the patient's early date of injury, a few refresher sessions of physical therapy may be appropriate, the current request is excessive without the aforementioned information. Lastly, the frequency of the request is not specified. Thus, medical necessity is not supported and the request for Twelve (12) physical therapy visits for the lumbar spine is non-certified.