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| Case Number: | CM13-0050674 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 01/17/2011 |
| Decision Date: | 03/11/2014 | UR Denial Date: | 10/29/2013 |
| Priority: | Standard | Application Received: | 11/14/2013 |

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 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 49-year-old male who reported an injury on 01/17/2011. The mechanism of injury was not provided within the medical records; however, it resulted in chronic lumbar back pain. The patient's surgical history includes a microdiscectomy at L4-5 on 11/14/2012. Previous maintenance treatment has included epidural steroid injections providing moderate relief, physical therapy, and medications to include Norco, Lyrica, and Robaxin. It was noted in the clinical note dated 11/14/2013 that he was being referred for a trial of acupuncture and a TENS unit. At this time, it was noted that the patient was nearing maximum medical improvement. There was no other pertinent clinical information submitted for review.

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 2X6: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: California MTUS/ACOEM Guidelines recommend up to 10 visits of physical therapy for unspecified myalgia and myositis, after an initial 6 visits trial has been

determined to be effective. Guidelines recommend the use of physical therapy to restore flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. The most recent clinical note submitted for review is dated 11/25/2013 and physical examination revealed flexion of 45 degrees, extension of 20 degrees, and bilateral flexion of 20 degrees. There was also muscle strength of 5/5 throughout the bilateral lower extremities, normal reflexes, and diminished sensation to the left lateral calf and bilateral feet. As the patient's condition is chronic, it is appropriate to expect him to require periodic courses of physical therapy. As the most recent clinical note detailed, he has significant range of motion deficits, as well as sensation impairments. Unfortunately, the current request for 12 sessions exceeds guideline recommendations of a trial of 6 visits. Therefore, the request for physical therapy for the lumbar spine 2x6 is non-certified.