

Case Number:	CM13-0051078		
Date Assigned:	06/09/2014	Date of Injury:	05/15/2013
Decision Date:	08/06/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/29/2013

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 39-year-old male who sustained a remote industrial injury on 05/15/13 diagnosed with sprain/strain of the lumbar region with radiculopathy. Mechanism of injury occurred when the patient lost his balance while on the job and fell, injuring his lower back, left hip, and left leg. The request for 12 Physical Therapy Visits between 09/19/13 and 11/03/13 was not granted at utilization review due to the patient exceeding the recommended ten physical therapy visits for lumbar sprain/strains without documenting deficits or exceptional factors that would warrant the need for additional physical therapy visits. The most recent progress note provided is 11/05/13. Patient complains primarily of low back pain that is slightly decreased from the previous visit. Physical exam findings reveal decreased range of motion of the lumbar spine; paravertebral muscle spasm and tenderness in the lower lumbar region; positive facet loading; and suppressed deep tendon reflexes of both patella. Current medications are not listed. The treating physician highlights that the patient has failed attempts at conservative care and addresses the recent denial of facet joint injections. Provided documents include several progress reports and Utilization Reviews that not granting the purchase of a Transcutaneous Electrical Nerve Stimulation Unit, 12 sessions of acupuncture, 30 patches of Medrox, and a diagnostic lumbar facet block. The patient's previous treatments include medications, acupuncture, and at least 12 sessions of physical therapy. Imaging studies provided include an MRI of the lumbar spine, performed on 07/02/13. The impression of this MRI reveals degrees of disc desiccation are identified at L3-4, L4-5, and L5-S1 with ventral annular fissuring at L4-5 and posterior annular fissuring at L5-S1 and mild bilateral foraminal narrowing at L5-S1 due to marginal osteophyte. An EMG/NCS of the lower extremities, performed on 07/09/13, is also included and reveals normal findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 PHYSICAL THERAPY VISITS (BETWEEN 9/19/13 AND 11/3/13): Upheld

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

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

Decision rationale: According to the California 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. The provided documentation, including previous utilization reviews, notes that the patient has participated in at least 12 sessions of physical therapy. However, 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. Further, the frequency of the requested therapy is not specified in this request. Thus, medical necessity is not supported and the request for 12 physical therapy visits (between 9/19/13 and 11/3/13) is not medically necessary.