

Case Number:	CM13-0051673		
Date Assigned:	12/27/2013	Date of Injury:	09/22/2010
Decision Date:	03/11/2014	UR Denial Date:	11/04/2013
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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 58-year-old male who was injured on 09/22/10 while lifting barrels He is currently diagnosed with cervicgia, spinal stenosis in the lumbar region, and degeneration of lumbar or lumbosacral intervertebral disc. Records reviewed: 9/16/13 MRI Thoracic Spine: IMPRESSION: 1. There is minimal levoscoliosis 2. There is no extruded thoracic disc herniation, spinal stenosis or compression fracture deformity of the thoracic vertebrae. Per 10/2/13 office visit Patient is here for evaluation of lumbar spine. He has been treated by [REDACTED] up to this point for his back. The patient has significant low back pain with symptoms going into bilateral legs, left greater than right. He has pain going down the left anterior thigh as well as pain going down the back of the leg all the way 10 the bottom of the foot. He has not had any physical therapy for the lower back however he has had 2 epidural steroid Injections by [REDACTED] which did not help. He is currently taking Cymbalta 60 mg daily. He tried taking Gabapentin recently by this did not like the way he felt on it. Patient states he is very depressed because of the pain. He cannot walk as long as he would like to the pain. He denies changes in his bowel or bladder. Treatment recommendations include PT: Visits per Week: 2 Number of Weeks: 6 10/30/13 Office note: 6 months s/p ACDF. He has been PT for his low back and sciatic pain. He has not had any improvement so far. He has increased his Cymbalta which helps a little with his depression but his anxiety is out of control right now. He continues with pain in the left shoulder as well. The injection and psych referral are pending still. He also takes tramadol pm. Exam findings: Gait and Station: Appearance: able to perform heel walking and perform tandem gait and not able to perform toe walking. Lumbar Spine: Inspection: no ecchymosis or swelling and normal alignment Palpation of the Lumbar Spine: tenderness is moderate. Palpation of the Hip: no tenderness. Range of Motion: flexion (45 deg.),

extension (10 deg.), and pain with motion. Motor Strength: L1 Motor Strength on the Right: hip flexion iliopsoas 5/5. L1 Motor Strength on the Left: hip flexion iliopsoas 5/5. L2-L4 Motor Strength on the Right: knee extension quadriceps 5/5. L2-L4 Motor Strength on the Left: knee extension quadriceps 5/5. L5 Motor Strength on the Right: ankle dorsiflexion tibialis anterior 5/5 and great toe extension extensor hallucis longus 5/5. L5 Motor Strength on the Left: ankle dorsiflexion tibialis anterior 5/5 and great toe extension extensor hallucis longus 5/5. S1 Motor Strength on the Right: plantar flexion gastrocnemius 5/5 and hamstring 5/5. S1 Motor Strength on the Left: plantar flexion gastrocnemius 5/5 and hamstring 5/5. Neurological System: Coordination: heel-to-shin normal. Babinski Reflex Right: plantar reflex absent. Babinski Reflex Left: plantar reflex absent. Special Tests: Valsalva test negative. Ankle Reflex Right: diminished (1). Ankle Reflex Left: diminished (1), Knee Reflex Right normal (2), Knee Reflex Left normal (2), Sensation on the Right T12 normal, L1 normal, L2 normal, L3 normal, L4 normal, L5 normal, S1 normal, S2 normal, and normal distal extremities, Sensation on the Left: T12 normal, L1 normal, L2 normal, L3 normal, L4 normal, L5 normal, S1 normal, S2 normal, and normal distal extremities. Special Tests on the Right: compression test negative, femoral nerve traction test negative, Patrick-Fabere test negative, seated straight leg raising test negative, no clonus of the ankle/knee, and supine straight leg raising test positive, Special Tests on the Left: compression test negative, femoral nerve traction test negative, Patrick-Fabere test negative, seated straight leg raising test negative, no clonus of the ankle/knee, and supine straight leg raising test positive. Problems not reviewed (last reviewed 09/04/2013) Sciatica Anxiety Knee pain Disorder of bursa of shoulder region

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x wk x 6 wks Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Low Back, Physical therapy Guidelines.

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

Decision rationale: Physical Therapy 2xWk x 6Wks Lumbar Spine: is not medically necessary per MTUS guidelines as written. While a trial of lumbar PT in this patient would be reasonable, the MTUS guidelines recommend up to 10 PT visits for this condition. 2 x per week x 6 weeks of lumbar PT would exceed the recommended guidelines and therefore is not medically necessary as written.