

Case Number:	CM13-0051792		
Date Assigned:	04/09/2014	Date of Injury:	10/12/2007
Decision Date:	05/13/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/14/2013

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 & 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 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:

The patient is a 67-year-old male with date of injury of 10/12/2007. The listed diagnoses per [REDACTED] dated 09/25/2013 are: 1. Lumbar disk displacement with myelopathy. 2. Cervical disk displacement with myelopathy. According to the progress report, the patient complains of low back pain radiating towards the left posterior leg, left calf and ankle with numbness and tingling. Physical examination shows sensory exam is intact to light touch and pinprick in all dermatomes. Spurling's test and Hoffmann's test are positive. Muscle spasms are palpable next to the spinous process with the patient relaxed lying prone. Lumbar range of motion is limited due to pain. There is also dysesthesia over the left lateral calf and dorsum of the foot. The treater is requesting 12 physical therapy visits for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve physical therapy visits for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: This patient presents with low back pain radiating to the left leg, left calf, and ankle. The treater is requesting 12 physical therapy visits for the lumbar spine. The MTUS Guidelines page 98 and 99 for physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia-type symptoms. Review of 63 pages of records show that the patient last utilized physical therapy in 2011. In this case, the patient would benefit from a short course of physical therapy; however, the requested 12 visits exceed MTUS Guidelines. Recommendation is for denial.