

Case Number:	CM13-0052865		
Date Assigned:	12/30/2013	Date of Injury:	11/28/2012
Decision Date:	06/23/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/18/2013

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 Medication, 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 53-year-old male with date of injury of November 28, 2012. The listed diagnoses per [REDACTED] dated September 3, 2013 are chronic lumbosacral strain, advanced degenerative disk disease at L4-L5 with mild central stenosis, and normal EMG (electromyogram), January 18, 2013. According to the report, the patient complains of low back pain. The physical examination of the back and lower extremities shows that the patient walks without a limp. Toe and heel walking are intact. Range of motion is complete. Neurologic exam of the lower extremities reveals no motor weakness or sensory loss. Straight leg raising is negative to 90 degrees bilaterally. Palpation of the lumbar paraspinal musculature reveals no localized tenderness or spasms. The utilization review denied the request on November 4, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy twice a week for twelve weeks for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines, 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 98-99.

Decision rationale: This patient presents with low back pain. The treater is requesting 24 physical therapy visits for the lumbar spine. The Chronic Pain Medical Treatment Guidelines recommends eight to ten visits for myalgia, myositis, and neuralgia-type symptoms. The 453 pages of records do not show any physical therapy reports to verify how many treatments and with what results were accomplished. However, the utilization review dated November 4, 2013 notes that the patient received a total of eighteen visits thus far. The progress report dated November 28, 2013 by [REDACTED], documents, "The patient is reporting reduction in low back pain and has returned to work full duty without restrictions. His low back pain has not been aggravated by his job duties. He will continue treatment with pain management." In this case, the patient has returned to work without restrictions and reports pain reduction. Furthermore, the requested 24 sessions when combined with the previous 18 far exceeds the Chronic Pain Medical Treatment Guidelines recommendations. The request for physical therapy twice weekly for twelve weeks for the lumbar spine is not medically necessary or appropriate.