

Case Number:	CM13-0053106		
Date Assigned:	12/30/2013	Date of Injury:	09/16/2003
Decision Date:	06/23/2014	UR Denial Date:	10/22/2013
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 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 73-year-old male with date of injury of 09/16/2003. The listed diagnoses per [REDACTED] dated 10/11/2013 are: - Lumbar disk displacement. - Lumbar radiculopathy. - Hypertension. - Deconditioned state. - Status post pacemaker placement. - Atrial fibrillation. - Status post multiple lumbar spine surgery x7. - History of thoracic granuloma. According to the report, the patient complains of low back pain that radiates to the bilateral lower extremities. He rates his pain 4/10 with medication and 10/10 without medications. His pain increases with activity and walking and reports that his condition has been unchanged since his last visit. The patient is also status post caudal epidural steroid infusion bilateral at L4-L5 from 08/22/2013. The physical exam shows the patient is alert, oriented, and cooperative. The patient was observed to be in slight distress. The patient is very limited in ambulatory ability and uses a wheelchair. There are spasms noted in the bilateral paraspinal musculature. Sensory exam shows decreased sensitivity to touch along the L5-S1 dermatome in both lower extremities. The utilization review modified the request to 6 physical therapy visits on 10/22/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO TIMES A WEEK FOR FOUR WEEKS, LUMBAR:

Overturned

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, PHYSICAL MEDICINE, 98-99

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 chronic low back pain. The treater is requesting 8 physical therapy sessions for the lumbar spine. The MTUS Guidelines pages 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The 158 pages of records do not show any recent or prior physical therapy reports to verify how many treatments and with what results were accomplished. The UR letter noted that the patient last utilized physical therapy in 2011. In this case, the patient can benefit from a short course of physical therapy, and the requested 8 sessions are within guidelines. Recommendation is for authorization and the request for Physical Therapy two times a week for four weeks, Lumbar, is medically necessary and appropriate.