

Case Number:	CM13-0054163		
Date Assigned:	12/30/2013	Date of Injury:	06/20/2012
Decision Date:	03/13/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/19/2013

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:

This 54-year-old male sustained an industrial injury while lifting 2 boxes weighing a total of 45 lbs. on 6/20/12. A CT scan of the lumbar spine, dated 7/22/13, revealed L3-4 moderate spinal canal stenosis, and moderate bilateral neural foraminal stenosis. An MRI of the lumbar spine, dated 7/31/12, revealed disc degeneration with broad based disc protrusion at L3-4. His diagnoses have included lumbar radiculopathy, lumbar sprain/strain, depression, lumbar contusion, multilevel spondylosis and degenerative disc disease-lumbar. Treatment has included medications, physical therapy, Toradol, intramuscular injections, and 2 epidural cortisone injections. Documentation reveals patient has had at least 10 PT visits for the low back. The tenth visit was dated in Feb. 2013 and indicates that patient responds to traction well but has prolonged pain in sitting, standing, and walking. Documentation also reveals patient received education/training in PT regarding a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy sessions to the Lumbar Spine: Upheld

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

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

Decision rationale: 12 physical therapy sessions to the lumbar spine are not medically necessary per Chronic Pain Medical Treatment Guidelines. Per documentation patient has had at least 10 visits of PT which is the recommended number of visits per the Chronic Pain Medical Treatment Guidelines. Documentation does not reveal evidence of an extenuating circumstance that would require additional PT. Patient should be well versed in a home exercise program at this point. An additional 12 physical therapy sessions are not medically necessary.