

Case Number:	CM13-0055151		
Date Assigned:	12/30/2013	Date of Injury:	11/01/1960
Decision Date:	09/30/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/20/2013

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 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:

This is a case of a 63-year-old male who has filed a claim for lumbar spondylosis, L4-5, L5-S1 with radiculitis, lumbosacral strain, acute on chronic, spondylolisthesis L5-S1 with foraminal narrowing associated with an industrial injury date of 11/01/1960. Medical records from 2013 to 2014 were reviewed. Latest progress reports show that the patient has had intermittent back pain and radicular leg pain with numbness into his right anterior thigh that has significantly worsened over the last few months. He states that 60% of the pain is in his lower back area and 40% radiates into his buttocks bilaterally. It is worse with prolonged sitting and standing. He states that at times he can barely stand up when he is washing his face or shaving. He has not had any physical therapy for his back. He denies any bowel or bladder dysfunction. On physical examination, the patient has significant spasms in his lower back. His forward flexion is limited to 20 degrees and his extension is 10 degrees. He has a markedly positive straight leg raise bilaterally with popliteal angles of 110 degrees. Neurologically, his motor strength is 5/5 except for his EHLs bilaterally which would rate as 5-/5. He has mild decreased sensation in the L5 distribution. Treatment to date has included medications, stretching program, low-impact fitness, physical therapy, and home exercises. Medications taken includes Norco, Robaxin, Neurontin, Gabapentin, and Valium. Although the latest progress notes date 12/20/2013 states that the patient has not had any physical therapy for his back, earlier progress reports dictate otherwise. He indeed has received physical therapy 2 to 3 times per week for 6 weeks for his lumbar spine. Utilization review, dated 10/22/2013, denied the request for physical therapy for lumbar spine because there are no current reports from the requesting clinician that would substantiate this treatment modality for this patient with a date of injury from 1960. Most recent report is from 2013 from a different provider, who discusses neck issues, with no mention of any lumbar symptoms or abnormalities on exam.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY THREE (3) TIMES A WEEK FOR SIX (6) WEEKS TO THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Guidelines (ODG).

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

Decision rationale: According to page 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The guidelines recommend 8-10 visits over 4 weeks for Neuralgia, neuritis, and radiculitis, unspecified. In this case, the patient has been complaining of intermittent back pain and radicular leg pain with numbness into his right anterior thigh that has significantly worsened over the last few months. He was requested for physical therapy three times a week for six weeks. Patient has had no recent PT to the lumbar area; hence, re-enrollment may be necessary due to acute pain exacerbation. However, CA MTUS guidelines recommend only 8-10 visits over 4 weeks for patients with radiculitis. Furthermore, no discussion has been documented regarding the need for variance from the guidelines. The clinical indication for this treatment has not been clearly established. Therefore, the request for physical therapy three (3) times a week for six (6) weeks to the lumbar spine is not medically necessary.