

Case Number:	CM13-0056577		
Date Assigned:	12/30/2013	Date of Injury:	04/12/2012
Decision Date:	05/09/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/22/2013

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 Orthopaedic Surgery, and is licensed to practice in Texas. 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 injured worker is a 59-year-old male who reported an injury on 04/12/2012. The mechanism of injury was cumulative trauma. The injured worker was treated with acupuncture, medications, and physical therapy. The injured worker had epidural steroid injections. The documentation of 10/16/2013 revealed the injured worker was retired and completed acupuncture sessions with no benefit. The current complaints were low back pain with radiation down to the right leg to the level of the foot. The examination of the lumbar spine revealed tenderness to palpation over the right L5-S1, right sciatic notch, right posterior thigh, posterior calf, and plantar surface of the right foot. There was pain with flexion and extension maneuvers. Sensory examination revealed decreased sensation to light touch over the right S1 dermatome. The diagnosis was cephalgia, lumbar spine sprain/strain, lumbar spine right-sided sciatica, multilevel disc protrusions, lumbar spine mild spinal stenosis, mild bilateral neural foraminal stenosis at all 3 levels, and lumbar spine bilateral facet arthropathy. The treatment plan included physical therapy for the lumbar spine twice a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES A WEEK FOR 4 WEEKS FOR 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): 98-99.

Decision rationale: California MTUS Guidelines recommend physical medicine treatment with a maximum of 9 to 10 visits for myalgia and myositis. The clinical documentation submitted for review indicated the injured worker had been treated previously with physical therapy. There was lack of documentation indicating the quantity of sessions, as well as the objective functional benefit received from the physical therapy. The injury was reported in 2012 and there was lack of documentation indicating the necessity for supervised physical therapy versus a home therapy program. There was lack of documentation of the objective functional deficits for the injured worker. Given the above, the request for physical therapy 2 times a week for 4 weeks for the lumbar spine is not medically necessary.