

Case Number:	CM13-0058839		
Date Assigned:	12/30/2013	Date of Injury:	06/06/2013
Decision Date:	05/09/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	11/27/2013

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 Orthopedic Spine 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 60 year-old male who reported an injury on June 06, 2013 and the mechanism of injury was from a fall. The current diagnoses are lumbago, displacement of lumbar intervertebral disc without myelopathy, sprain of lumbar, and spasm of muscle. The injured worker complains of chronic pain to his low back and right leg. He indicated the pain was 5/10 in severity and it is dull/aching quality and radiates into the right posterior leg into the foot distribution. The official MRI dated October 17, 2013 of the left hip showed mild right femoral head spurring with increased bone marrow edema in the subchondral bone in the weight-bearing surface. There was mild edema along the insertion of the right gluteus minimus muscle. The official MRI dated October 17, 2013 of the lumbar spine shows multilevel degenerative changes, mild central stenosis at the L2-3 and L3-4, foraminal stenosis bilaterally mild/moderate at the L3-4, L4-5, and L5-S1. The injured worker had completed an unknown number of physical therapy sessions. The clinical note from November 13, 2013 indicated that the patient continues to have pain in his back, right groin area, and hip. On the physical exam of the lumbar spine, it was indicated that there was tenderness with palpation to the right sacroiliac joint and buttocks, range of motion was 75% of normal limited by pain, the straight leg raise test was positive on the right and the femoral stretch test was negative bilaterally. The current request is for physical therapy 2-3 visits per week for a total of 12 weeks, for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2-3 VISITS PER WEEK FOR A TOTAL OF 12 WEEKS, FOR THE LOW BACK: Upheld

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

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

Decision rationale: The California MTUS Guidelines allow for fading of treatment frequency (from up to three visits per week to one or less), plus active self-directed home Physical Medicine. The treatment recommended for neuralgia, neuritis, and radiculitis, is 8-10 visits over 4 weeks. It is noted that the injured worker had completed an unknown number of physical therapy sessions. There were no objective findings consistent with the medical necessity of additional physical therapy in excess of the number recommended by evidence based guidelines or as opposed to participate in a self-directed home exercise program. The request for physical therapy 2-3 visits per week for 12 weeks, for the low back, exceeds the recommended guidelines and is not supportive with objective evidence to demonstrate medical necessity. Therefore, the above request is not medically necessary.