

Case Number:	CM13-0059339		
Date Assigned:	12/30/2013	Date of Injury:	11/26/2012
Decision Date:	04/07/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/02/2013

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 Orthopedic Surgery, has a subspecialty in Fellowship training for Spine Surgery and is licensed to practice in Texas and 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 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:

The patient is a 33-year-old male who reported an injury on 11/26/2012. The mechanism of injury involved a fall. The patient is diagnosed with lumbar sprain/strain, radicular neuralgia in bilateral lower extremities, and myofasciitis. The patient was seen by [REDACTED] on 11/11/2013. The patient reported ongoing lower back pain with numbness in the left lower extremity. Physical examination revealed decreased lumbar range of motion, positive Kemp's testing, positive straight leg raising, positive Milgram's and Valsalva testing, and tenderness to palpation. Treatment recommendations included physical therapy twice per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy for twelve sessions, twice per week for six weeks, for the lumbar region: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: The California MTUS Guidelines state 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. Guidelines allow for a fading of treatment frequency, plus active self-directed home physical medicine. As per the documentation submitted, the patient has completed an extensive amount of physical therapy to date. Despite ongoing treatment, the patient continues to report high levels of pain. The patient's physical examination continues to reveal limited range of motion and tenderness to palpation. Documentation of a significant objective improvement was not provided. Additionally, the current request for 12 sessions of physical therapy exceeds guideline recommendations. Based on the clinical information received and the California MTUS Guidelines, the request is noncertified.