MAXIMUS Federal Services

Case Number:	CM13-0059394		
Date Assigned:	12/30/2013	Date of Injury:	10/08/2010
Decision Date:	04/10/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/02/2013

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 and Rehabilitation, and is licensed to practice in Illinois. 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 43-year-old male patient with mechanism of injury of injuring the right knee and ongoing low back pain. The patient is a law enforcement officer and the date of injury reportedly was 10/08/2010. X-rays of the lumbar spine revealed L5-S1 degenerative disc disease. MRI of the lumbar spine on 11/20/2013 revealed left paramedian broad-based protrusion at L4-5 with contact, but no displacement in the descending left L5 nerve root; foraminal protrusion with significant annular fissuring and moderate foraminal stenosis on the left at L4-5; potential for impingement of the foraminal segment of L4; right paramedian disc protrusion with annular fissuring of L5-S1 without neural impingement or stenosis. Medications are cyclobenzaprine 10 mg at bedtime, tramadol 50 mg every 6 to 8 hours as needed for pain, amlodipine besylate 1 tablet daily, and fluoxetine 1 tablet daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy to the lumbar spine, three (3) times a week for four (4) weeks: Overturned

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): 98-99.

Decision rationale: The CA MTUS Guidelines state "Passive therapy provides short term relief during the early phases of pain treatment and active therapy is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. A home exercise program is recommended." The request for additional physical therapy to the lumbar spine 3 times a week for 4 weeks is non-certified. The patient reportedly has received 10 physical therapy visits to date, but for the right knee as the patient is status post right knee synovectomy on 03/18/2013 and the request is for physical therapy for the lumbar spine. California MTUS Guidelines do recommend physical therapy and recommend 8 to 10 visits over 4 weeks. There was no documentation submitted for review to make a determination as the information provided related to the knee as well as response from the therapy for the knee. As such, the request is non-certified.