

Case Number:	CM13-0059824		
Date Assigned:	12/30/2013	Date of Injury:	06/28/2013
Decision Date:	04/07/2014	UR Denial Date:	11/01/2013
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 Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working least at 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 06/28/2013 after he stepped off of his truck which reportedly caused injury to his low back. The patient was initially treated with physical therapy, nonsteroidal anti-inflammatory drugs, and acupuncture. The patient underwent an MRI of the lumbar spine that documented multilevel disc bulging which caused mild to moderate neural foraminal narrowing. The patient's most recent clinical examination findings documented that the patient had limited lumbar range of motion with a positive straight leg raising test to the right and decreased sensation in the S1 distribution of the left lower extremity. The patient's treatment plan included an epidural steroid injection with post injection physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 SESSIONS OF POST INJECTIONS PHYSICAL THERAPY FOR LUMBAR SPINE:
Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Physical Medicine

Decision rationale: The requested 8 sessions of post-injection physical therapy for the lumbar spine is not medically necessary or appropriate. Official Disability Guidelines recommend 1 to 2 visits of physical therapy after an epidural steroid injection to assist the patient in re-establishment and re-education in a home exercise program. The requested 8 sessions is well in excess of this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested 8 sessions of post-injection physical therapy for the lumbar spine is not medically necessary or appropriate.