MAXIMUS Federal Services

Case Number:	CM13-0060733		
Date Assigned:	12/30/2013	Date of Injury:	05/04/2006
Decision Date:	04/03/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	12/03/2013

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 Interventional Spine and is licensed to practice in 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 43-year-old male with date of injury of 05/04/2006. The listed diagnoses per [redacted] dated 10/04/2013 are lumbar degenerative disk disease, lumbar spondylosis and lumbar facet syndrome. According to progress report dated 10/04/2013, the patient presents with low back pain. He states that he had radiofrequency neurotomies at L3, L4, and L5 levels bilaterally from November and December 2012. He is doing remarkably well up until 2 months ago when he noticed his back pain starting to return. He has constant aching in his back, which is worse in the morning. He notes occasional numbness in the 2nd, 3rd, and 4th digits of his right lower extremity. He has noticed decreased walking tolerance due to increased amount of pain. He denies any numbness, weakness, or loss of bowel or bladder control. The objective finding showed that the patient appears well in no acute distress. Lower extremity pulses are 2+ bilaterally, calves are nontender to palpation bilaterally, full painless range of motion in the hips, knees, and ankles bilaterally. No signs of instabilities, subluxation, or laxity. No abnormal curvature noted upon examination. Lumbar flexion is limited to about 50% of normal, extension past 50% of normal, causes reproducible low back pain. He has right-sided paraspinal tenderness in the lumbar spine. Gait and stance is normal. No use of equipment needed to assist with ambulation. No gross motor deficit of the lower extremities. He does have mildly decreased sensation over the L5 dermatome of the left lower extremity. Patellar and Achilles reflexes are 2/4 bilaterally. The provider is requesting 12 additional sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic)

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

Decision rationale: This patient presents with chronic low back pain. The provider is requesting 12 additional physical therapy visits. The utilization review dated 11/05/2013 denied the request stating that following neurotomy, post injection guidelines allows for 1 to 2 visits over 1 week. The California MTUS Guidelines page 98, 99 for physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. Physical therapy report dated 05/13/2013 shows that the patient recently received a total of 8 physical therapy sessions. In this case, request for 12 additional physical therapy combined with the previous 8 exceeds what is allowed by MTUS recommendation. This patient has completed 8 physical therapy sessions and should be well versed in home exercise regimen. It is not known what more can be accomplished with continued therapy. Therefore, recommendation is for denial.