

Case Number:	CM13-0061896		
Date Assigned:	12/30/2013	Date of Injury:	09/07/2012
Decision Date:	03/18/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/05/2013

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 and is licensed to practice in New York and New Hampshire. 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 55-year-old female who was injured on September 7, 2012 and complains of low back pain with numbness, tingling, and weakness in the lower extremity. The patient has been treated conservatively with physical therapy, medications, and work modifications. The patient had epidural steroid injection which did not provide any improvement. X-rays lumbar spine revealed lumbar spondylosis without any evidence of instability. MRI lumbar spine from February 2013 shows a mild left foraminal disc protrusion. Physical examination reveals reduced range of motion of the lumbar spine without any evidence of lower extremity radiculopathy. The patient is noted to have normal motor and sensory function in the bilateral lower extremities. The patient has been diagnosed with sprain/strain in the lumbar region and degenerative lumbar disc condition. At issue is whether additional physical therapy is medically necessary at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy sessions 2 times a week for 4 weeks for treatment of the lumbar/thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299,Chronic Pain Treatment Guidelines.

Decision rationale: The Physician Reviewer's decision rationale: Chronic pain medical treatment guidelines indicate that physical medicines recommended in certain situations. For low back pain MTUS indicates: 1-2 visits for education, counseling, and evaluation of home exercise for range of motion and strengthening. The patient does not have documentation of lumbar fracture, tumor, instability, or progressive neurologic deficit. The physical exam does not document any neurologic findings. The patient has chronic degenerative low back pain. This patient is being referred for additional physical therapy for the treatment of her chronic back pain and degenerative low back condition. The medical records indicate that she has reached maximal medical improvement for the treatment of her condition. MTUS guidelines indicate initial visits over 1-2 weeks with direction towards a home based physical therapy program. This case the patient is being referred for physical therapy for the treatment of her degenerative low back condition. Previous physical therapy treatment is documented in the medical records by medical evaluation from [REDACTED] MTUS guidelines do not recommend additional formal physical therapy beyond initial sessions and introduction to home therapy for the treatment of degenerative low back pain from degenerative disc condition. Since the patient has already had physical therapy and the medical records contain documentation that the patient has achieved maximal medical improvement from her treatment of her degenerative back condition, there is no medical necessity for additional physical therapy visits. They are not likely to be successful in alleviating this patient's chronic low back pain. The patient's previous epidural steroid injection did not improve her pain. Again, the records from [REDACTED] indicate that the patient has achieved maximal medical improvement. Additional physical therapy visits are not medically necessary and not likely to improve this patient's clinical back pain condition. Established criteria for additional physical therapy visits are not met.