

Case Number:	CM13-0062315		
Date Assigned:	12/30/2013	Date of Injury:	08/26/2003
Decision Date:	04/29/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/06/2013

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 Anesthesia; has a subspecialty in Acupuncture & Pain Medicine 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 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:

The patient is a 52 year old male with a date of injury of August 26, 2003 with related low back pain. He is status post posterior laminectomy at L5-S1, intervertebral disc fusion at L4-L5 and L5-S1. Low back pain is substantial and throughout the whole day with no relief with or without activity. Physical examination revealed sensation is decreased in the bilateral L1 and L2 dermatomes and bilateral L5 and S1 dermatomes. Motor strength is 4/5 bilateral lower extremities. Current diagnoses include endocrinopathy - opioid induced, anxiety and depression secondary to industrial injury, constipation, severe disc protrusion per MRI, severe disc degeneration L1-2, postlaminectomy syndrome lumbar, lumbar radiculopathy, lumbar spinal stenosis, failed back syndrome, sleep disorder, and mild sleep apnea. Treatment to date includes ESI, medication management, bracing, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY, ONCE A WEEK FOR SIX (6) WEEKS FOR THE LUMBAR SPINE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Pain, Suffering, and the Restoration of Function Chapter, page 114

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

Decision rationale: The Californis MTUS Guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home excersise program. For myalgia and myositis, guidelines allow 9-10 visits over 8 weeks and for neuralgia, neuritis, and radiculitis guidelines allow 8-10 visits over 4 weeks. Physical Medicine Guidelines also state that the patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); and when treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. Review of the submitted documentation indicates that the injured worker is currently having an exacerbaton with functional regression. His activites of daily living (ADLs) have decreased by approximately 20% and he is having difficulty walking up the ramp of the handicapped parking zone and must use a cane to ambulate. The documentation submitted for review indicates his response to physical therapy was favorable in the past. Additionally, a functional regression is noted in the documentation. Therefore the request is medically necessary.