

Case Number:	CM13-0062948		
Date Assigned:	12/30/2013	Date of Injury:	07/25/2012
Decision Date:	05/12/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/09/2013

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 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 injured worker is a 51-year-old male who reported an injury on 07/25/2012. The mechanism of injury was not provided in the medical records for review. The clinical note dated 10/28/2013 revealed the injured worker had a normal gait. Range of motion of the thoracic spine was within normal limits. The injured worker does not complain of pain toward the terminal range of motion. On palpation, there is no paraspinal muscular tenderness noted. On the sensory exam, the documentation notes light touch sensation to L1, L2, L3, L4, L5, and S1. Diagnoses given include resolving radiculopathy, lumbago, and degenerative disc disease. Discussion of treatment plan included a prescription for Mobic 15 mg once a day. The physician encouraged injured worker to continue home exercises and physical therapy. Therapy note dated 11/01/2013, cumulative total of visits 28. Subjective complaints include continued back pain but feels like his radiating leg pain is less today. The injured worker reports he has been exercising regularly at home. Pain level was 3/10. There was moderate tenderness to palpation over the left piriformis and along the sciatic distribution at the sciatic notch. The straight leg test was positive on the left side, painful at 50 degrees flexion (positive DF), and positive piriformis test. Functional status revealed slowed transitional movements continue along with antalgic gait secondary to limited left lower extremity weight bearing. The DWC Form RFA provided for review requested Additional therapy for the Lumbar Spine (8 sessions).

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY FOR THE LUMBAR SPINE (8 SESSIONS):

Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The request for Additional Physical Therapy for the Lumbar Spine (8 Sessions) is non-certified. The California MTUS Guidelines recommend active self-directed home physical therapy with physical medicine treatment sessions for the best outcome. The Guidelines recommend 9 to 10 visits over 8 weeks for myalgia and myositis, 8 to 10 visits over 4 weeks for neuralgia, neuritis, and radiculitis, and 24 visits over 16 weeks for reflex sympathetic dystrophy. The California MTUS Guidelines recommend allowing for a fading of treatment frequency, while continuing with active self-directed home physical medicine. The clinical documentation submitted for review reports that the injured worker is status post lumbar spine laminectomy and foraminotomy at L4-5 and L5-S1. The request for additional physical therapy for the lumbar spine of 8 sessions exceeds the guidelines with the documentation of the injured worker already having 28 visits. The documentation provided for review notes that the injured worker utilizes home exercise program and that is supportive of the injured worker's treatment to increase his independence at this time. Therefore, the request exceeds the therapy Guidelines and the request is non-certified.