

Case Number:	CM13-0064809		
Date Assigned:	01/03/2014	Date of Injury:	12/27/2011
Decision Date:	05/16/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/12/2013

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, 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 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 40-year-old male who reported an injury on 12/27/2011. The mechanism of injury occurred when the patient was stepping back on the stairs and fell backwards, and his back hit the concrete footing. Review of the medical record revealed the patient's diagnosis is lumbar disc displacement without myelopathy. The requested service is for 6 physical therapy visits for the low back. MRI of the lumbar spine dated 02/23/2012, read by [REDACTED], revealed disc bulges at the L3-4, L4-5, and L5-S1 levels. It was noted that the patient participated in at least 6 physical therapy visits from 08/28/2013 to 09/12/2013. There have been discussions of epidural steroid injections; however, the patient is not interested in any kind of invasive procedures. The most recent clinical documentation dated 12/19/2013 reports the patient reports symptoms of depression and complained of wanting to feel invisible. The patient states he has been feeling poorly for the past 2 years and that he thought this condition would improve. Objective findings reveal the patient's mood was depressed with congruent effect, and he was close to tears several times when discussing the current situation. The patient denied suicidal or homicidal ideation and no psychotic symptoms were noted. The patient's plan of care was to continue ongoing psychosocial intervention as integrative part of comprehensive pain management program. The physical examination of the lumbar spine revealed tenderness to palpation at the lumbosacral junction. Range of motion of the lumbar spine was decreased by 30% with flexion, 30% with extension, and 20% with rotation bilaterally. The patient's motor strength was measured 5/5 at the bilateral lower extremities. Sensation was intact to light touch at the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 PHYSICAL THERAPY VISITS FOR THE LOW BACK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers' Compensation, Online Edition, Chapter: Low Back - Lumbar & Thoracic, Physical Therapy (PT) ODG Physical Therapy Guidelines

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

Decision rationale: Six physical therapy visits for the lower back is not medically necessary. It is noted in the medical record that the patient had received at least 6 physical therapy sessions previously. There is no documentation of any significant functional improvement or change in the patient's condition with the previous physical therapy that would warrant a medical necessity for additional physical therapy at this time. It is also noted that the patient did not continue with the home exercise program. As there are no documented exceptional indications that would support the medical necessity for physical therapy at this time, the request for 6 physical therapy visits for the low back is not medically necessary and appropriate.