

Case Number:	CM13-0065481		
Date Assigned:	01/03/2014	Date of Injury:	01/27/1997
Decision Date:	03/27/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/13/2013

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 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 59 year old male who was injured on 01/27/1997 the mechanism of injury was not noted. The accepted injury is to the lower back area. Prior treatment history has included acupuncture with no significant relief, medications and an unknown number of physical therapy sessions. Diagnostic studies reviewed include MRI of the lumbar spine performed 08/26/2010 revealed left paracentral disc protrusion at L1-2, and large L2-3 left paracentral disc protrusion; 4 mm broad-based disc protrusion at L4-5; and lesser disc protrusion at L5-S1. Follow-up dated 07/17/2013 documented the patient continued to be symptomatic on a daily basis. Objective findings on exam included limited lumbar motion with positive straight left raise bilaterally. Positive SLR, positive femoral nerve stretch test marked limitation of lumbar motion. Follow-up dated 11/21/2013 documented the patient to have complaints of continuing up and down symptoms, intermittent lumbar spasm and radicular pain. He had bilateral numbness intermittently, primarily in an L5 distributing. He had pain in the left buttock area. He had completed his physical therapy and this was helpful. Positive SLR on the left, limited lumbar motion. Examination was essentially unchanged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, QTY 8.00: Upheld

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

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

Decision rationale: Per CA MTUS, physical Medicine is recommended as passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Amount of time recommended in the guidelines for Neuralgia, neuritis, and radiculitis, unspecified is a total of 8-10 visits over a period of 4 weeks. The request is for 8 visits. The patient has already had an unknown number of PT sessions with an essentially unchanged exam per the follow up visit on 11/21/2013. Therefore, there is no indication that additional therapy will assist in reaching the intended goals of physical medicine. Therefore, the request is non-certified.

Full size Rental Car whenever driving at work, QTY:1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC Web, Knee & Leg, Back (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: There is no documentation to justify this need. The patient is able to self transport without issue as per the records provided. There are no guidelines that address this particular request. Therefore, the request for Rental Car is not certified.