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| Case Number: | CM13-0065487 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 04/23/2013 |
| Decision Date: | 04/11/2014 | UR Denial Date: | 12/04/2013 |
| Priority: | Standard | Application Received: | 12/13/2013 |

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 Orthopedic Spinal Surgery, 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 41-year-old with a date of injury of 04/23/2013; the diagnosis is lumbar radiculopathy, left leg with dermatomal distributions of pain. The patient was seen on 11/08/2013 for a follow-up examination. The patient is still complaining of dermatomal distribution on radicular pain from the back to the left leg. The patient noted the pain is radiating into the left calf. Some symptoms are noted on the right side to a lesser degree. The patient noted the pain worsens with ambulation and is pretty much there on a constant basis. On physical examination, range of motion forward flexion is fifty degrees, hyperextension is ten degrees, and positive straight leg raise was noted. The physician noted it was part of treatment plan recommending MRI of the lumbar spine for symptoms consistent with radiculopathy. Also noted, the patient has failed to improve despite conservative management including medications 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 FOR THE LUMBAR SPINE, TWICE PER WEEK FOR FOUR WEEKS,: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

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

Decision rationale: The request is non-certified. Again, the patient is a 41-year-old with diagnosis of lumbar radiculopathy; date of injury was 04/23/2013. The patient was seen again on 11/08/2013 for complaints of radicular pain from the back to the left leg. The physician noted as part of the assessment, the patient has lumbar radiculopathy; left leg with dermatomal distribution of pain. The patient also has decreased sensation to soft touch, as well as decreased reflex on the left side; positive straight leg raise was also noted. At this office visit, the physician noted a requested MRI of the lumbar spine; also noted the patient has failed to improve despite conservative management including medication and physical therapy. California Guidelines note for patients with neuralgia, neuritis, and radiculitis, physical therapy sessions are eight to ten visits over four weeks. It is noted the patient has had some previous physical therapy; number of sessions and effectiveness is not known. Although the physician did note on the 11/08/2013 office visit that the patient has failed to improve despite conservative management including medications and physical therapy. This obviously indicates that physical therapy in the past has not worked for this patient with this medical condition or diagnosis. The request for physical therapy for the lumbar spine, twice per week for four weeks, is not medically necessary or appropriate.