

Case Number:	CM13-0065594		
Date Assigned:	01/03/2014	Date of Injury:	04/20/2011
Decision Date:	10/01/2014	UR Denial Date:	11/13/2013
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 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 patient is a 24 year old male who was injured on 04/20/2011. The mechanism of injury is unknown. The patient underwent right L4-5 hemilaminectomy discectomy and intraoperative fluoroscopy on 03/25/2014. Prior treatment history has included 6 sessions of physical therapy. He is noted to have low back pain radiating down the right lower extremity. He reported the epidural steroid injection is provided temporary relief. He reported pain at right lower extremity into posterior calf and lateral foot and toes with associated numbness and tingling. On exam, he has a cautious gait without evidence of sciatic list or foot drop. He has tenderness to palpation in the right lower back with guarded lumbar range of motion. Straight leg raise is positive on the right at 45 degrees. His sensation is diminished to light touch in the right S1 dermatomes. He is diagnosed with L4-L5 disk herniation with right lower extremity radiculopathy. He has been recommended for physical therapy to the lumbar spine with evaluation. Prior utilization review dated 11/13/2013 states the request for 8 Visits Physical Therapy to the Lumbar Spine With Evaluation, 2 Times Weekly For 4 Weeks, As An Outpatient is denied as there is no documented functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 VISITS PHYSICAL THERAPY TO THE LUMBAR SPINE WITH EVALUATION, 2 TIMES WEEKLY FOR 4 WEEKS, AS AN OUTPATIENT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As per CA MTUS guidelines, physical medicine 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. The guidelines recommend 9 visits over 8 weeks for Intervertebral disc disorders without myelopathy, 10 visits over 8 weeks for Lumbar sprains and strains, or Lumbago / Backache, 16 visits over 8 weeks for post-surgical treatment. CA MTUS - Physical Medicine; Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case, the IW has received 6 PT visits; however there is no record of prior physical therapy progress notes with documentation of any significant improvement in the objective measurements (i.e. pain level, range of motion, strength or function) to demonstrate the effectiveness of physical therapy in this injured worker. Furthermore, there is no mention of the patient utilizing an HEP (At this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels). There is no evidence of presentation of an acute or new injury with significant findings on examination to warrant any treatments. Additionally, the request for physiotherapy would exceed the guidelines recommendation. Therefore, the request is considered not medically necessary or appropriate in accordance with the guidelines.