

Case Number:	CM13-0065954		
Date Assigned:	01/08/2014	Date of Injury:	08/30/2000
Decision Date:	05/20/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/16/2013

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 Illinois. 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 52-year-old male who reported a work-related injury on 08/30/2000. The injured worker has undergone a lumbar fusion in 11/2006 and a 2 level cervical fusion on 09/01/2011. The injured worker has undergone physical therapy treatments and acupuncture. Physical exam of the injured worker revealed an antalgic gait with tenderness in the midline of the lower lumbar spine. He had decreased range of motion to the lumbar spine and lower extremity strength was 4/5 in all muscle groups. Straight leg raising test was positive on the left at 30 degrees and negative on the right. Physical therapy was recommended for the injured worker to undergo low back and bilateral lower extremity stretching and strengthening exercises. A request was made for 12 physical therapy sessions for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 PHYSICAL THERAPY SESSIONS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: California Medical Treatment Guidelines for Chronic Pain state to allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. Guidelines recommend 8 to 10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. It was not noted in the submitted clinical documentation how many physical therapy visits the injured worker has recently undergone. In addition, the efficacy of the injured worker's prior physical therapy treatments was not submitted for review. The injured worker was not noted to have significant functional deficits in the submitted clinical documentation in order to warrant 12 formal physical therapy visits. There was no evidence given the injured worker would not be able to address his deficits in a home exercise program. Therefore, the request for 12 Physical Therapy Sessions for the Lumbar Spine is non-certified.