

Case Number:	CM13-0066744		
Date Assigned:	01/03/2014	Date of Injury:	04/09/2007
Decision Date:	05/28/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/17/2013

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 an employee of [REDACTED] and has submitted a claim for low back pain, with an industrial injury date of April 9, 2007. Treatment to date has included L3-4 spinal fusion, lumbar epidural cortisone injection, selective nerve root block (L3-4, L4-5 and L5-S1 bilaterally), transforaminal selective nerve root block (L4-5 left side), facet block (L3-4, L4-5, L5-S1 bilaterally), physical therapy, medications which include carisoprodol, Norco, ibuprofen. Utilization review from November 25, 2013 has denied the request for 16 physical therapy sessions between November 22, 2013 and January 21, 2014 because the requested number of sessions exceeds the recommendation of the guidelines. Medical records from 2008 to 2013 were reviewed, the latest of which dated December 2, 2013 which revealed that the patient is experiencing mild pain in the lower back over the past month. He has not been performing exercises in the gym. He has been performing only light walking activities. He avoids exacerbating activities which has helped to reduce the symptoms for lower back. He states that he feels a locking sensation in his left hip. He denies numbness or tingling in the lower extremity. He describes radiating pain into the left anterior thigh and left groin area. On examination of the lumbar spine, flexion shows 12" lacking from fingertips to the floor. Extension is 20 degrees. Tenderness and spasm are palpable over the left side.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY (16 SESSIONS): 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: According to pages 98-99 of the Chronic Pain Medical Treatment Guidelines, chapter on physical medicine, physical therapy can be used to help control swelling, pain and inflammation during the rehabilitation process. Fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical therapy is recommended. In this case, documents show that pain medications provide analgesia for the chief complaint. There is insufficient data that would support the need for additional physical therapy given previous sessions. Also, the number of sessions requested exceeds the recommendation in the guidelines, therefore, the request for 16 physical therapy sessions between November 22, 2013 and January 21, 2014 is not medically necessary.