

Case Number:	CM13-0067938		
Date Assigned:	01/03/2014	Date of Injury:	12/27/2012
Decision Date:	05/27/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/18/2013

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 Anesthesiology, has a subspecialty in Pain Management 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 December 27, 2012. Treatment to date has included physical therapy, acupuncture, medications which include Ibuprofen, Naproxen, Tramadol, and Lyrica. Utilization review from November 19, 2013 denied the request for physiotherapy, quantity 12 for lumbar spine because the patient has received extensive physical therapy and should be doing independent home therapy at this time. Medical records from 2012 to 2013 were reviewed, the latest of which dated November 8, 2013 which revealed that the patient complained of low back pain. On physical examination, the patient is in obvious discomfort. She walks very slowly in and out of the office with severe antalgic gait favoring the right lower extremity. She has moderate-to-severe difficulty getting on and off the examination table. Range of motion is severely decreased secondary to pain. She can only forward flex to 15 degrees, extend to 10 degrees, and left and right tilt to 5 degrees. She has positive straight leg raise bilaterally with minimal leg elevation on the right. She has dysesthesias in the L5 through S1 dermatome on the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSIOTHERAPY X12 FOR LUMBAR SPINE: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines, chapter on physical medicine, 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, the total number of physiotherapy sessions completed was not indicated. The functional gains such as improved ability to perform activities of daily living were not documented. The request for physiotherapy, quantity 12 for the lumbar spine is not medically necessary and appropriate.