

Case Number:	CM13-0069042		
Date Assigned:	01/03/2014	Date of Injury:	05/08/2010
Decision Date:	03/28/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, and is licensed to practice in New York. 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 physician 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 female with a date of injury on 05/08/2010. In 11/2013 there was a request for 8 physical therapy visits for the lumbar spine and two were approved. On 10/11/2013 the patient had low back pain with right leg radiculopathy. Right straight leg raising was positive. She had an antalgic gait. Reflexes were intact. There was right L5 sensory diminution. She had some difficulty walking on the balls and heels of her right foot. She was treated for back pain with Norco, Neurontin and other medications. Also she had 18 visits of physical therapy prior to the request for additional physical therapy visits. The diagnosis was lumbar strain/sprain with radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 4 weeks for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Back Pain

Decision rationale: The employee continues to have back pain with radiculopathy despite 18 visits of physical therapy. The MTUS guidelines for chronic pain allow a maximum of 10 visits but there must be objective documentation that there is improvement in the patient's ability to do activities of daily living; that has not been documented. For lumbar strain or sprain MTUS ACOEM does not mention the maximum number of physical therapy visits allowed but there is an emphasis on a quick transition to a home exercise program. The ODG for lumbar strain/sprain is a maximum of 10 visits, for lumbago it is 9 visits and for sciatic a maximum of 12 visits. Again, the employee already exceeded the maximum allowed visits. By this point in time relative to the injury, the employee should have been transitioned to a home exercise program. There is no objective documentation that continued formal physical therapy is superior to a home exercise program.