

Case Number:	CM13-0071900		
Date Assigned:	01/08/2014	Date of Injury:	10/01/2002
Decision Date:	04/30/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/30/2013

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 Family Practice, 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 59-year-old who reported an injury on October 1, 2002 after a fall down some stairs. The patient reportedly sustained an injury to the low back, which radiated into the right lower extremity. The patient's treatment history included physical therapy that did provide significant benefit. The patient's most recent clinical evaluation documented the patient had tenderness to palpation of the right paravertebral musculature and tenderness of the sciatic notch. It was noted that the patient had a right-sided straight leg raising test. It was also documented that the patient's significant pain was interfering with her ability to participate in her normal job duties. The patient's diagnoses included low back pain with severe right sciatica. The patient's treatment plan included continued medications with a short course of physical therapy as the patient had not received any physical therapy in at least two years.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TO THE LUMBAR SPINE AND RIGHT SCIATICA, TWICE PER WEEK FOR FOUR WEEKS: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend patients be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation submitted for review does indicate that the patient previously received significant benefit from prior physical therapy. However, the patient's most recent clinical evaluation does not provide any evidence that she is currently participating in any type of home exercise program. Therefore, one to two visits to assist the patient in re-establishing a home exercise program would be appropriate. However, the requested eight visits would be considered excessive. There are no exceptional factors to preclude further progress of the patient while participating in a home exercise program. The request for physical therapy to the lumbar spine and sciatica, twice per week for four weeks, is not medically necessary or appropriate.