

Case Number:	CM13-0072499		
Date Assigned:	01/08/2014	Date of Injury:	02/13/2013
Decision Date:	05/22/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/31/2013

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:

This 28 year-old female sustained an injury on 2/13/13 when she slipped and fell onto the floor. Request under consideration include post procedure physical therapy 2 times a week times 3 weeks for the lower back. Report of 11/11/13 from the provider noted the patient with complaints of low back pain that radiates into her left knee associated with numbness, tingling, and weakness. Exam of the lumbar spine showed tenderness in the midline and bilateral paraspinals; heel and toe walk with pain; lumbar facet test positive bilaterally; negative slump test; positive SLR at 90 degrees bilaterally (unclear if typo); dermatomes with normal sensation except for L4, L5, and S1 on left side; motor testing 5/5 except for 4/5 hip adductors and abductors with 5/5 foot inversion/eversion; DTRs symmetrical 0-1+bilaterally. Diagnoses included obesity; lumbar spine herniated disc/ degenerative disc/ lumbago/ sciatica/ radiculitis/neuritis/ and facet arthropathy. MRI of the lumbar spine on 9/24/13 showed multi-level 1-3 mm disc bulge without canal stenosis. EMG dated 6/12/13 showed normal electromyography of the lumbar spine and lower extremities without evidence of radiculopathy; but abnormal NCV/SSEP consistent with lumbosacral plexopathy with L5-S1 radiculopathy (unclear). The pateint is pending authorizatiion of lumbar epidural steroid injection. Request for post-procedure PT 2x3 was non-certified citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST PROCEDURE PHYSICAL THERAPY 2 TIMES A WEEK TIMES 3 WEEKS FOR THE LOWER BACK: Upheld

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

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

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received some previous therapy sessions reports and current request is for additional PT conditional upon her authorization of the requested lumbar epidural steroid injection which has not occurred. Submitted reports have not adequately demonstrated the indication to support further physical therapy without documented functional improvement from PT treatment rendered. The post procedure physical therapy 2 times a week times 3 weeks for the lower back is not medically necessary and appropriate.