

Case Number:	CM14-0001466		
Date Assigned:	01/22/2014	Date of Injury:	07/28/2010
Decision Date:	03/27/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/06/2014

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 has a listed date of injury of July 28, 2010. It was a lifting injury. The listed diagnosis is lumbar spinal stenosis. On October 23, 2012 the patient had a left L4-L5 laminotomy, facetectomy with lateral recess decompression. She started lumbar physical therapy on 03/11/2013. She had physical therapy at that facility previously. On 04/22/2013 she had her 6th visit. On 08/29/2013 [REDACTED] she had a normal gait. She had increased pain with radiation to her left lower extremity. Lumbar flexion was normal. All other range of motion measurements were decreased. Left straight leg raising was positive. Lower extremity strength was normal. MRI of the lumbar spine on 09/24/2013 revealed scar formation along the surgical tract and L4-L5 left foraminal disc protrusion causing mild left neural foraminal stenosis. On 11/06/2013 [REDACTED] she was permanent and stationary with respect to bending, stooping, pushing and lift more than 25 pounds. She noted that surgery initially helped but then the back pain returned. Left leg raising was positive. Range of motion of lumbar spine was limited by pain. She had left L5 radiculopathy. Further surgery was recommended and she wanted to try an injection. On 11/11/2013 she had a left L4-L5 and L5-S1 epidural steroid injection. The request was for 18 physical therapy visits beginning 12/18/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eighteen physical therapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient has chronic lumbar pain and had at least six visits of physical therapy from March to April, 2013. The Chronic Pain Medical Treatment Guidelines provide a maximum of nine to ten visits of physical therapy, frequently half are approved, with the provision that there must be objective documentation that there is improvement in the activities of daily living. This was not provided. The patient continues to have lumbar pain, positive straight leg raising and no objective documentation of improvement in the ability to perform activities of daily living. Furthermore, the requested eighteen physical therapy visits exceeds the maximum per guidelines. By this point in time, she should have been transitioned to a home exercise program. There is no documentation that at this point in time relative to the injury that continued formal physical therapy is superior to a home exercise program. The request for eighteen physical therapy sessions is not medically necessary or appropriate.