

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0005789 | | |
| Date Assigned: | 02/05/2014 | Date of Injury: | 10/05/2011 |
| Decision Date: | 07/02/2014 | UR Denial Date: | 12/23/2013 |
| Priority: | Standard | Application Received: | 01/15/2014 |

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 Occupational Medicine, 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:

Patient is a 53-year-old male who has submitted a claim for L5 radiculopathy, low back pain associated with an industrial injury date of 10/5/11. Medical records from 2011-2013 were reviewed which revealed persistent low back pain. Patient is currently at work and performing home exercises but still has symptoms. Physical examination of the lumbar spine showed diffuse tenderness to palpation in paravertebral musculature. No spasm noted. Straight leg raising was positive. MMT was normal. MRI of the lumbar spine done on 9/5/13 showed a 2mm bulge, moderate bilateral hypertrophic facet degenerative changes seen in L5-S1. L4-L5 has a 2mm disc bulge causing no significant neural foraminal narrowing or canal stenosis. Bilateral hypertrophic facet degenerative changes are seen. L2-L3 has tiny anterior osteophytosis, a 3mm bulge is seen causing no significant neural foraminal narrowing or canal stenosis. T12-L1 has 2mm bulge that does not cause significant neural foraminal narrowing or canal stenosis. Multilevel disc desiccation and degenerative disc disease was seen. Treatment to date has included, physical therapy with a total of 30 sessions, acupuncture and TENS. Medications taken include, Naprosyn, Sonata and HCTZ. Utilization review from 12/23/13 denied the request for physical therapy of lumbar spine for 2 sessions per week for 3 weeks because guidelines suggest that exceptional factors should be documented in order to extend treatment beyond normal healing time. The information given does not validate the medical necessity of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2XWK X 3WKS LUMBAR SPINE: 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 2009, 9792.24.2, Physical Medicine Page(s): 98-99.

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. In this case, the patient already underwent previous physical therapy since at least November 2011 and completed a total of 30 sessions. However, low back pain still persisted. The most recent physical therapy session was dated 12/9/2013. However, there is no documentation regarding the necessity for further physical therapy of the lumbar spine. In addition, patient already participated in a home exercise program. Therefore, the request for PHYSICAL THERAPY 2XWK X 3WKS LUMBAR SPINE is not medically necessary.