

Case Number:	CM14-0005801		
Date Assigned:	02/07/2014	Date of Injury:	02/05/1996
Decision Date:	07/24/2014	UR Denial Date:	12/31/2013
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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 is a patient with a date of injury of February 5, 1996. A progress note dated December 2, 2013 identifies subjective complaints of improved pain. The patient is doing some exercise in the pool at least a couple times a week which has significantly improving the patient's pain. The leg continues to get weaker. Objective examination findings indicate that the patient favors his left side when he walks with worsening dorsiflexion weakness. Diagnoses include chronic and acute lumbar radiculopathy as noted on nerve conduction/EMG study and lumbar stenosis. The treatment plan indicates that the patient's pain has been improving with exercise but the weakness has not. The treatment plan goes on to recommend scheduling a surgery date.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY X 15 VISITS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 298, Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, the Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. The ODG has more specific criteria for the ongoing use of physical therapy. The ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. The ODG goes on to recommend a maximum of 10 to 12 visits over 8 weeks for the treatment of lumbar radiculitis. Within the documentation available for review, it is unclear how many therapy sessions the patient has already undergone. The patient is currently doing a home exercise program including pool therapy, but has failed to improve the lower extremity weakness. The currently requested 15 visits of physical therapy exceed the maximum number recommended by the ODG for this patient's diagnosis. Additionally, it is unclear how further therapy will aid the patient when he is currently participating in a home exercise program with no benefit. In the absence of clarity regarding those issues, the currently requested physical therapy 15 visits for the lumbar spine is not medically necessary.