

Case Number:	CM14-0006421		
Date Assigned:	02/07/2014	Date of Injury:	09/11/2013
Decision Date:	06/30/2014	UR Denial Date:	12/16/2013
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 Anesthesiology, 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:

The patient is a 37-year-old male who has submitted a claim for lumbar strain with herniated disc at L4-L5 and L5-S1 measuring 5mm, and right leg radiculopathy associated with an industrial injury date of September 11, 2013. Medical records from 2013-2014 were reviewed showing the patient having low back and right leg pain. The pain was characterized as numbing and tingling and is aggravated with bending and standing. Physical examination showed tenderness and restricted range of motion of the lumbar spine. There is positive tension sign and straight leg raise test. MRI of the lumbar spine, dated January 8, 2014 showed positive L4-L5 5mm disc, and L5-S1 4mm disc. Official report of the imaging study was not available. Treatment to date has included medications, physical therapy, left knee surgery, and activity modification. Utilization review dated December 16, 2013 denied the request for physical therapy of the low back 2 x 6 weeks because the patient has attended what should have been a reasonable number of Physical Therapy visits and there is no clinical information that warrants the continuation of Physical Therapy for an extended period of time.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2 X 6 WEEKS LOW BACK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, LOW BACK CHAPTER, 298-299

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

Decision rationale: As stated on pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. In this case, the patient underwent an unknown number of physical therapy sessions since September 2013. However, there was no documentation regarding objective benefits or functional improvement derived from these sessions. The documented rationale of the treatment was to increase functional range of motion within 80-90% of AMA guides, increase strength to 4/5 on MMT or acceptable performance on specific functional motor tests, decrease pain to 2/10 or less, and restore functional capacity to allow return to full duty. However, a progress report dated October 8, 2013 stated that physical therapy has not helped him thus far. Patient continues to have low back and right leg pain. The medical necessity has not been established due to lack of documentation concerning previous Physical Therapy sessions. Therefore, the request for twelve (12) physical therapy sessions for low back is not medically necessary and appropriate.