

Case Number:	CM14-0007796		
Date Assigned:	02/10/2014	Date of Injury:	06/08/2012
Decision Date:	07/11/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/21/2014

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:

The patient is a 54-year-old male who has submitted a claim for low back pain, associated with an industrial injury date of June 8, 2012. Medical records from 2013 through 2014 were reviewed. The latest progress report, dated 01/31/2014, showed chronic low back pain and left lower extremity weakness and neuropathy. The patient's legs occasionally gave out and dragged his left foot while walking. A physical examination revealed antalgic gait favoring the left lower extremity. Tenderness was noted over the bilateral lumbar paraspinal muscles, but with normal range of motion. The left lower extremity muscles were near-full (4-5/5) strength. There were decreased light touch and pain sensations in the left L5 dermatome. The left axial rotation was positive for pain. Difficulty was noted with toe and heel walking on the left lower extremity. The treatment to date has included lumbar microdiscectomy (12/10/2012), chiropractic therapy, TENS, fifteen (15) sessions of post-operative physical therapy since 4/17/2013, additional twelve (12) sessions of physical therapy since 11/11/2013, and medications. Utilization review from 12/23/2013 denied the request for physical therapy two (2) times a week for four (4) weeks to the lumbar spine, because the documentation identified that the patient has previously completed physical treatment. There was no description of musculoskeletal deficits that would preclude the patient from transition to a self-directed home exercise program as recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS FOR THE LUMBOSACRAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The Chronic Pain Guidelines indicate that active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In addition, the guidelines allow for fading of treatment frequency from up to three (3) visits per week to one (1) or less plus active self-directed home physical medicine. In this case, the patient completed twenty-seven (27) sessions of physical therapy for the lumbar spine. The rationale for requesting additional physical therapy of the lumbar spine is to address the left lower extremity weakness and for strengthening. However, the latest progress report, dated 01/31/2014, showed full range of motion of the lumbar spine and near-full (4-5/5) muscle strength of the left lower extremity. There were no objective findings of musculoskeletal weakness to support the need for additional physical therapy. Therefore, the request is not medically necessary.