

Case Number:	CM14-0011142		
Date Assigned:	02/21/2014	Date of Injury:	05/29/2008
Decision Date:	06/25/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/27/2014

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 Medicine and is licensed to practice in Texas. 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 injured worker is a 54-year-old male who sustained an injury to his low back on 05/29/08. The mechanism of injury was not documented. The records indicate that the injured worker is that is status post L5-S1 fusion dated March of 2013. Medications included Norco, Naproxen, Flexeril, Omeprazole and Gabapentin. Injured worker stated medications provide 30 to 40% relief. A clinical noted 02/12/14 reported that injured worker continues to complain of lumbar spine pain. He stated that his pain radiates down the bilateral extremities and is constant and sharp. He stated that his pain level without medications would be a 9/10 VAS. Current pain level of 7/10 VAS. Physical examination 5/5 strength in bilateral lower extremities, moderate lumbar decreased range of motion with flexion/extension, severe pain with lateral bending, posterior laminectomy scar in place, moderate palpable spasms in the bilateral paravertebral lumbar spine with positive twitch response.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 ADDITIONAL PHYSICAL THERAPY VISITS FOR THE LUMBAR SPINE, 2 TIMES A WEEK FOR 6 WEEKS, AS AN OUTPATIENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy Section.

Decision rationale: The request for 12 additional physical therapy visits for the lumbar spine, two times a week times six weeks as an outpatient is not medically necessary. The previous request was denied on the basis that the injured worker had not undergone any surgical interventions and was 7 1/2 years post date of injury. It was noted that the injured worker should at this time, have sufficient knowledge from past physical therapy treatment to engage in home exercise program to address any remaining functional deficits. The ODG recommends up to 34 visits over 16 weeks for the diagnosed injury, with allowing for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home physical therapy. There was no indication that the injured worker is actively participating in a home exercise program. There was no additional significant objective clinical information that would support the need to exceed the ODG recommendations, either in frequency or duration of physical therapy treatment. Given the clinical documentation submitted for review, medical necessity of the request for 12 additional physical therapy visits for the lumbar spine, two times a week times six weeks as an outpatient has not been established.