

Case Number:	CM14-0012005		
Date Assigned:	02/21/2014	Date of Injury:	08/01/2007
Decision Date:	06/27/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/30/2014

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 66-year-old female who has submitted a claim for L5-S1 spondylosis/spondylolisthesis with left lumbar radiculopathy, chronic cervical spine sprain/strain injury, gastritis, depressive disorder, and sleep disorder with delayed onset associated with an industrial injury date of August 1, 2007. Medical records from 2013 were reviewed showing the patient having low back pain. The pain increased with activity, which also radiated into the left leg with numbness, weakness, and tingling. She has difficulty completing activities of daily living including cooking, cleaning, doing laundry, bathing, and dressing. Physical examination of the lumbar spine revealed left paralumbar tenderness. There was positive Yeoman's test, Lasegue's sign, Bowstring sign, and straight leg raise test on the left. There was limited range of motion of the lumbar spine on lateral bending, flexion and extension. Left lower extremity motor testing was 4/5 on plantar flexion, foot eversion, foot inversion, and extensor hallucis. X-ray of the lumbar spine revealed grade 1-2 L5-S1 spondylolisthesis with severe L5-S1 disc space narrowing and severe L5-S1 disc endplate changes. Official report of the radiographic study was not available. Treatment to date has included medications, physical therapy, chiropractic therapy, activity modification and psychotherapy. Utilization review dated January 9, 2014 denied the request for lumbar physical therapy because there were no documented deficits for which treatment would be indicated or by which progress might be assessed and the available clinical information does not support that the request is necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE LUMBAR 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: 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. No information regarding the said sessions were available in the medical records. There is no description regarding objective benefits derived from these sessions or a treatment plan with defined functional gains and goals. There was no documentation concerning the need for physical therapy of the lumbar spine at present. Furthermore, the present request failed to specify the number of therapy sessions. Therefore, the request for physical therapy for the lumbar spine is not medically necessary.