

Case Number:	CM14-0012120		
Date Assigned:	03/07/2014	Date of Injury:	06/23/2012
Decision Date:	07/24/2014	UR Denial Date:	11/25/2013
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 27-year-old male who has submitted a claim for lumbar degenerative joint disease and HNP associated with an industrial injury date of 06/23/2012. Medical records from 03/12/2013 to 10/28/2013 were reviewed and showed that patient complained of episodic low back pain 1/10 radiating to the left buttock. Paresthesia, numbness, or weakness was not identified on the medical records. Physical examination revealed full range of lumbar spine ROM with no pain. SLR test was positive for both lower extremities at 85 degrees. Treatment to date has included left L5-S1 modified microdiscectomy, left L5 hemilaminotomy, and left L5-S1 lateral recess resection (03/12/2013), physical therapy, and home exercise program. Utilization review, dated 11/25/2013, denied the request for twelve visits of physical therapy at once a week for twelve weeks to the low back. The rationale for denial was not available with the medical records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 PHYSICAL THERAPY SESSIONS (1X12) FOR THE LOW BACK: 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: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, 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. Physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. In this case, the patient has completed 24 sessions of physical therapy for the low back and should be able to self-transition into a home exercise program. There is no evidence supporting the need for additional physical therapy. Therefore, the request for additional physical therapy (PT) once (1) a week for twelve (12) weeks for the low back is not medically necessary.