

Case Number:	CM14-0014648		
Date Assigned:	02/28/2014	Date of Injury:	10/22/2010
Decision Date:	07/23/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/05/2014

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, 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 70-year-old male who has submitted a claim facet joint pain, facet syndrome, lumbar stenosis, disc protrusions at L3-4 and L2-2, spondylolisthesis at L4-5 and L3-4, and right leg radiculopathy, associated with an industrial injury date of October 22, 2010. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of low back pain and right leg radiculopathy. Physical examination revealed tenderness over the facet joints with range of motion, especially extension. Range of motion were as follows: flexion to 80% of normal, extension to 90% of normal, lateral bending to 100% of normal and extension and external rotation to 100% of normal. Motor strength was 5/5 for bilateral lower extremities. DTRs were within normal limits. Straight leg raise test was negative. Treatment to date has included median branch blocks (3/7/12), median branch neurotomy (8/13/12), physical therapy, medications, acupuncture, chiropractic therapy, and epidural injections (7/13/11 and 3/7/12). Utilization review from January 29, 2014 denied the request for additional 12 PT visits for the lumbar spine because the submitted medical reports do not outline significant and specific objective and functional gains from the completed PT visits. In addition, there was no indication of flare-up or re-injury to warrant the need for continued therapy session.

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 LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical Therapy.

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. In addition, 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. Official Disability Guidelines recommend 10 visits over 8 weeks for lumbar sprains and strains, for intervertebral disc disorders without myelopathy and for spinal stenosis. In this case, the patient has had several sessions of physical therapy dating back to 2010. He has had adequate sessions of physical therapy before and should now be well versed in self-directed home exercises. Also, review of medical records indicate that the patient has finished at least 8 sessions of PT for her back and the current request is for 12 sessions, which would exceed guideline recommendations. Furthermore, there is a lack of documentation regarding objective functional improvements and treatment response. Therefore, the request for 12 ADDITIONAL PHYSICAL THERAPY VISITS FOR LUMBAR SPINE is not medically necessary.