

Case Number:	CM14-0015995		
Date Assigned:	07/02/2014	Date of Injury:	06/26/2013
Decision Date:	08/05/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	02/07/2014

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 Interventional Spine, 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 38-year-old male with date of injury of 06/26/2013. The listed diagnoses per the provider dated 12/18/2013 are: aggravation of lumbar degenerative disk disease, L5-S1, and left radiculitis. According to this report, the patient has now completed a total of 18 physical therapy visits and admits that this has been very helpful to him. He also had a L5-S1 epidural steroid injection two days ago with no major changes in terms of his low back. He continues to report pain across his low back that radiates into his buttocks and left proximal thigh. The physical exam shows his posture is straight and upright. His gait is non-antalgic and non-spastic. Head and neck are neutral. He has forward flexion of 70 degrees with tightness in his left buttock. He has a positive straight leg raise on the left. He has no major motor deficits. His hips move freely bilaterally. His patella and Achilles reflexes are brisk and equal bilaterally. He continues with discomfort in his back with toe raises and heel lifts bilaterally. The utilization review denied the request on 01/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy, two (2) times per week for six (6) weeks (12 visits): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

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

Decision rationale: This patient presents with low back pain. The treating physician is requesting twelve (12) additional physical therapy visits. The patient is status post lumbar epidural steroid injection at L5-S1 from 12/16/2013. The MTUS Guidelines on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The progress report dated 12/18/2013 documents that the patient received a total of 18 physical therapy visits and reports that it has been very helpful. The treating physician documents in the same report that physical therapy has been most beneficial for the patient in terms of controlling his pain, decreasing his need for pain medication, and increasing his range of motion. In this case, although the patient reports significant benefit from physical therapy, the requested twelve (12) sessions in combination with the previous 18 that the patient received exceeds the MTUS Guidelines. The patient should be able to transition into a self-directed home exercise program to decrease pain and improve range of motion. As such, the recommendation is for denial.