

Case Number:	CM14-0016622		
Date Assigned:	04/11/2014	Date of Injury:	01/16/2007
Decision Date:	05/29/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/10/2014

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:

This patient suffered a work-related lower back injury on 1/16/2007. Examination record dated 08/01/2013 noted ongoing symptoms are unchanged with physical examination reported as pain radiating down the right leg to bottom of foot with numbness and tingling. Assessment notes a trial of physical therapy, chiropractic, and acupuncture were rendered, however, symptoms persists in the lower back with radiating pain in the left and right sciatica. MRI of the lumbar spine was ordered as was epidural, depending upon MRI results. Follow-up examination was on 12/23/2013 noted a flare-up with lower back pain radiating down the right leg to the knee. Physical examination reports tender back, increased pain on ROM, and positive SLR. Assessment notes recurrent sciatica with flare-up and physical therapy was recommended to control symptoms at 2 times per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE REQUEST FOR PHYSICAL THERAPY TO THE LUMBAR SPINE FOR 12 SESSIONS, (2) TIMES A WEEK FOR (6) WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

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

Decision rationale: As per CA MTUS guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. According to the medical report dated 08/01/2013, there is documentation of ongoing symptoms of lower back pain extending into the right leg and foot with numbness & tingling are unchanged with prior physical therapy. On physical exam dated 12/23/2013, there was tenderness on back, increased pain on ROM, and positive SLR. The diagnosis was recurrent sciatica with a flare-up. The guidelines recommend physical therapy for flare-ups of symptoms; however, there is no evidence that prior physical therapy treatment provided objective functional improvement or pain relief. Additionally, it is unclear the number of prior physical therapy sessions completed. The request is for 12 sessions of physical therapy to lumbar spine, however, the guidelines recommends 9-10 visits over 8 weeks for myalgia and myositis and 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. Based on all of the above reasons, the request for 12 sessions of physical therapy to the lumbar spine does not meet guidelines criteria and is not medically necessary and appropriate.