

Case Number:	CM14-0017701		
Date Assigned:	04/16/2014	Date of Injury:	11/17/2005
Decision Date:	07/15/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/12/2014

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 Internal Medicine, and is licensed to practice in New York. 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 42 year old male who was injured on 11/17/2005. The mechanism of injury is unknown. His diagnoses are low back pain and bilateral knee pain. Prior treatment history has included 4 sessions of physical therapy, pain medications including Ultram ER and Lidoderm patch. Diagnostic studies reviewed include MRI of the lumbar spine dated 02/25/2013 shows mild thecal sac compression at L3-L4 and L4-L5, with no frank myelopathy. Progress report dated 03/13/2014 states the patient presents for re-evaluation of lumbar spine. On exam, the lumbar spine reveals paraspinal muscle tenderness with painful range of motion. Diagnosis is industrial injury to the bilateral knees and lumbar spine, left-sided L5 radiculopathy with MRI studies of the lumbar spine revealing multilevel degenerative disc disease. Treatment and plan is to continue to use ice, anti-inflammatories as well as strengthening exercises. Progress report dated 01/02/2014 reports the patient presents for follow-up of lumbar spine. The patient states that the pain is constant. He has no had any relief of his symptoms. He was authorized for 6 sessions of physical therapy. On exam, he has paraspinal muscle tenderness and painful range of motion. Pain management office note dated 12/04/2013 reports the patient presents with lumbar pain and lower extremity pain. On exam, there is no edema. There is no tenderness of the spine. There is no kyphosis, lordosis, or scoliosis. Movement severely restricted in all directions; pain elicited in all directions. Left lower extremity shows strength of the major groups is 4/5. Right lower extremity strength is 4/5 in all muscle groups. Assessment and plan is chronic pain, lower leg pain in joint; degeneration of the lumbar spine; lumbago, and medial meniscus tear of the knee. The goal is to increase the patient's ability to self-manage pain and related problems. Pain management note dated 09/4/2013 reports the patient complains pins and needles symptoms in the lumbar spine. On exam, pain is elicited in all directions; movement is mildly restricted in all directions. The left lower extremity reveals muscle strength of the major group is 5/5. Right lower extremity muscle strength of the major groups is 5/5. Sensation is intact bilaterally. There is bilaterally paraspinal at the lumbosacral junction. Deep tendon reflexes are normal and

symmetrical. There is positive straight leg raise on the right at 45 degrees. The treating provider has requested physical therapy for the low back : 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR LOW BACK 12 SESSIONS: Upheld

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

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

Decision rationale: According to the CA MTUS guidelines, physical medicine is a modality of treatment that is very important in reducing swelling, decreasing pain, and improving range of motion. Physical therapy should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Neuralgia, neuritis, and radiculitis, unspecified: 8-10 visits over 4 weeks. The medical records document the patient had complained of low back pain. Objective finding revealed the patient had tenderness in paraspinal muscles with restricted ROM. The patient had 4 sessions of PT the last one was dated 2/3/2014, the therapy note showed the patient in progress. As the patient had been authorized for 6 sessions as mentioned in the RFA dated 10/29/2013 on PR dated 1/2/2013. The requested 12 sessions exceeds the recommendation in the guidelines and there is no specific indication for the requested additional sessions. The claimant can be maintained on a home exercise program. Medical necessity for the requested service has not been established. The requested service is not medically necessary.