

Case Number:	CM14-0114284		
Date Assigned:	08/04/2014	Date of Injury:	06/11/1993
Decision Date:	10/02/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/22/2014

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 & Rehabilitation and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 61 year old male who sustained a work injury on 6-11-93. On this date, the claimant jumped back to avoid being burned with a pot of soup and hit a fire extinguisher on the wall causing dislocation, grade I of L4-L5 and S1. The claimant developed a foot drop, left and sciatica. Office visit on 5-20-14 notes the claimant reports low back pain. One exam, he has limited range of motion. He is provided with diagnosis of L5-S1 spondylolisthesis, spondylolysis and chronic low back pain with radiculopathy and foot drop. The claimant has slow gait that was symmetrical and reciprocal. DTR were 2+ at the quadriceps and 1+ at gastrocsoleus. He has no atrophy appreciated. Range of motion of the lumbar spine was limited. The claimant is being managed with medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 2xWk x 4 Wks for the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 chapter - physical therapy

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that one 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. There is an absence in documentation noting that this claimant cannot perform a home exercise program. There are no extenuating circumstances to support physical therapy at this juncture, so far removed from the compensable injury. Additionally, prior response to physical therapy provided in the past was not provided. The guidelines state patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Therefore, the medical necessity of this request is not established. The request is not medically necessary.