

Case Number:	CM14-0117407		
Date Assigned:	08/06/2014	Date of Injury:	03/06/2014
Decision Date:	09/10/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/25/2014

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 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 injured worker is a 47-year-old-female janitor, who sustained industrial injury on 3/6/14. The patient complains of a slight-moderate low back pain. Her pain extends down the back of the left leg pain down to the big toe, pain and numbness in left thigh burning and tingling. There is a constant pain in the left buttocks. Her left leg feels weak, flexing, stooping, and bending at the waist increases the pain. Prolonged standing and prolonged sitting increases the pain. Low back pain extends into the right posterolateral thigh, numbing ache-tingling burning ache. Her less referred ache down the right leg to the foot and to the big toe. In report dated 5/9/14, indicated that the patient has had previously received physiotherapy and chiropractic treatment which has helped her some functionally, although she still complains of pain. MRI on 4/11/14 has showed disc protrusion at L4-5 and L5-S1 with central stenosis. EMG dated 4/28/14 has revealed B/L L4-5 and L5-S1 radiculopathy. Examination of the lumbar spine revealed tender thoracolumbar region. Tender L3-L5 and left SI joint. She had increased muscle tone of the L/S paraspinals, more to the left side + SLR of left at 70 degrees with pain. Her hamstrings were tight and positive kemps test, more on the left side, and tight on the right side. Positive Milgrams's test with low back pain and Positive left Ely's test were noted. DTR was intact. Motor exam was weak left EHL and mild weakness with left heel walk. Sensory was decreased in pinwheel sensation along the lateral lower leg extending into the 4th and 5th toes of left foot. Diagnosis: lumbosacral neuritis or radiculitis. Treatment plan: Patient to see orthopedic consult of lumbar spine; physical therapy for low back at 2 times per week for 4 weeks, with emphasis on therapeutic and possible work conditioning program for low back. Acupuncture sessions at 2 times a week for 4 weeks for leg radiculopathy. Current medications are Norco, Robaxin, Mobin and Analgesic pain patches, acupuncture helps ease the overall pain and leg radiculopathy and

allows less reliance on pain meds. UR determination for 8 physical therapy visit for the low back is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Physical Therapy Visits for the Low Back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Physical Medicine.

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

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. The guidelines recommend 9 visits over 8 weeks intervertebral disc disorders without myelopathy, 10 visits over 8 weeks for Lumbar sprains and strains, or Lumbago / Backache. CA MTUS - Physical Medicine; Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case, there is no record of prior physical therapy progress notes with documentation of any significant improvement in the objective measurements (i.e. pain level, range of motion, strength or function) to demonstrate the effectiveness of physical therapy in this injured worker. Furthermore, there is no mention of the patient utilizing an HEP (At this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels). There is no evidence of presentation of an acute or new injury with significant findings on examination to warrant any treatments. Additionally, the request for physiotherapy would exceed the guidelines recommendation. Therefore, the request is considered not medically necessary or appropriate.