

Case Number:	CM14-0121909		
Date Assigned:	09/25/2014	Date of Injury:	05/28/2009
Decision Date:	10/28/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/01/2014

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 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 57-year-old male who reported an injury on 05/28/2009. The mechanism of injury was a slip and fall. Diagnoses included lumbar radiculopathy to the left lower extremity, L5-S1 disc herniation, depression and anxiety, and weakness to the left lower extremity. Past treatments included lumbar epidural steroid injections, physical therapy, and medications. Pertinent diagnostic studies were not provided. Pertinent surgical history was not provided. The physical therapy note dated 07/07/2014 indicated the injured worker complained of low back pain rated 3/10. The physical exam revealed lumbar spine range of motion of flexion 75 degrees, extension 30 degrees, side bending 40 degrees, and rotation 40 degrees. Manual muscle strength of the left lower extremity was rated +4/5. Current medications include tramadol 50 mg and Zanaflex 4 mg. The treatment plan included additional physical therapy 2 times a week for 4 weeks for the lumbar spine. The rationale for the treatment plan was continued stretching and progressive strengthening. The Request for Authorization form was completed on 07/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PT 2X4 FOR LUMBAR SPINE: 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: The request for additional physical therapy 2 times a week for 4 weeks for the lumbar spine is not medically necessary. The California MTUS Guidelines indicate that physical therapy is recommended for patients with radiculitis to include 8 to 10 visits over 4 weeks. The injured worker had recently completed 8 sessions of physical therapy. The therapist noted that manual muscle strength to the left lower extremity had improved from 4/5 to +4/5, and lumbar flexion had improved from 70 to 75 degrees. The therapist noted that measurements for lumbar extension, side bending, and rotation had remained the same. There is a lack of clinical documentation to indicate the efficacy of recent physical therapy, including significant improvement in muscle strength and range of motion. The request for additional therapy would exceed the guideline recommendation of 8 sessions. Therefore, the request for additional physical therapy cannot be supported at this time. As such, the request for additional physical therapy 2 times a week for 4 weeks for the lumbar spine is not medically necessary.