

Case Number:	CM14-0137453		
Date Assigned:	09/05/2014	Date of Injury:	11/10/2013
Decision Date:	10/02/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/26/2014

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:

This is a 44-year-old female with an 11/10/13 date of injury, when she injured her lower back while doing repetitive lifting. The patient was seen on 3/31/14 with complaints of 5/10 achy, throbbing lower back pain radiating to the left thigh and knee and numbness and tingling sensation in the left leg. The patient also noticed stiffness of her lower back and difficulty with the range of motion like bending and twisting. Exam findings of the lumbosacral spine revealed tenderness to palpation in the right paralumbar muscles, right-sided spasms in the lumbar spine and tenderness to palpation at the left-sided sciatic notch. The active range of motion of the lumbar spine was: full flexion, extension 35 degrees, left and right lateral bending 35 degrees and left and right rotation 45 degrees. Straight leg raising test was positive on the left and deep tendon reflexes were 2+ bilaterally. The muscle strength was 5/5 in all motor groups in the bilateral lower extremities and the sensation to light touch was decreased in all major dermatomes of the left lower extremity. The patient accomplished 12 sessions of physical therapy (PT) for her lower back on 2/3/14 with little relief and she was about to start acupuncture treatment. The diagnosis is lumbar disc protrusions, left lower extremity chronic L5 radiculopathy, and lumbar spine enthesopathy. EMG/NCV dated 5/2/14 revealed: normal NCV study of the bilateral lower extremities; EMG findings of a chronic left L5 radiculopathy. Treatment to date: acupuncture, 12 sessions of PT, heat/cold patch, work restrictions, and medications. An adverse determination was received on 8/6/14 given that the patient accomplished 14 sessions of PT and that additional 12 sessions would exceed the recommendations contained in the CA MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 times a week for 4 weeks for the low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Pain, Suffering, and the Restoration of Function Chapter 6 (page 114)

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment, and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. The progress report dated 2/3/14 stated the patient accomplished 12 sessions of Physical Therapy (PT) for her lower back with little relief. In addition, the patient was approved for 6 sessions of acupuncture. There is no clear rationale with regards to the additional 12 sessions of PT given that previous treatment did not improve the patient's condition. In addition, it is not clear why the patient cannot transition into an independent home exercise program. Therefore, the request for Physical Therapy 3x4 for the low back was not medically necessary.