

Case Number:	CM14-0151959		
Date Assigned:	09/22/2014	Date of Injury:	08/30/2013
Decision Date:	10/21/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/17/2014

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 Occupational Medicine 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 was injured in a motor vehicle accident (MVA) on 08/30/13. Physical therapy (PT) for 12 visits is under review. After the MVA, he tried to free his tire by pulling on it with a metal bracket with a rope. On 10/04/13, a lumbar MRI revealed a herniated disc at L5-S1 with probable bilateral L5 and S1 nerve root impingement as well as L4-5 degenerative disc changes, facet arthropathy at L4-5 and L5-S1 and straightening of the lordotic curvature consistent with muscle spasm, positioning, or pain. He has completed 17 PT visits and has had medications. Additional PT and a repeat MRI of the lumbar spine have been recommended. He has used pain creams and oral medications for pain. He was evaluated on 06/30/14 for a QME. He was offered epidural steroid injections but declined. He had low back and bilateral lower extremity discomfort that was daily and constant. It radiated to both buttocks and down both legs to approximately the heel cord with numbness and tingling and was worse on the right. Pain intensity was about the same. His sleep was painful. He was taking Meloxicam and Cyclobenzaprine. Physical examination revealed moderate hesitation in torso motion, extension hitch and hesitation turning from supine to prone. He had an antalgic gait and moderate loss of lordosis. Sensation and reflexes were intact. Straight leg raising tests were to 60 and 65 degrees in the right and left legs, respectively. He had full and painless range of motion of the hips. Sitting straight leg raise caused ipsilateral buttock discomfort. His treatment to date had been reasonable and appropriate. Decompression at L5-S1 was recommended. He was able to work with restrictions. There is a note dated 04/18/14, that states he reported that PT for 8 visits had not given him any benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine treatment, Page(s): 130.

Decision rationale: The history and documentation do not objectively support the request for an additional 12 visits of physical therapy (PT) for the lumbar spine. The MTUS state physical medicine treatment may be indicated for some chronic conditions and "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." There is no clinical information that warrants the continuation of PT for an extended period of time. He previously reported that PT did not help. There is no evidence that the injured worker is unable to complete his rehab with an independent HEP and it would appear to be unlikely that additional PT would provide him with significant or sustained benefit for his complaints. Therefore, this request is not medically necessary.