

Case Number:	CM14-0159262		
Date Assigned:	10/02/2014	Date of Injury:	03/02/2011
Decision Date:	11/20/2014	UR Denial Date:	09/06/2014
Priority:	Standard	Application Received:	09/29/2014

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, has a subspecialty in Spinal Cord Injury and is licensed to practice in New York. 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 62 year old male who reported injury on 02/25/2014. The mechanism of injury was not noted in the submitted documentation. He is diagnosed with lumbar radiculopathy, and spinal stenosis. Past treatments include medication. His diagnostic studies include an unofficial MRI of Lumbar spine on 05/25/2012 which was noted to reveal L4/5 and L5/S1; 5-6mm profusion. Disc degeneration, hypotrophy of bilateral facet joint, and 30% decrease central canal. Past surgeries include Fluoroscopic guidance of lumbar epidural steroid injection at L5-S1. On 08/08/2014 the injured worker complaint of lower back pain characterized as sharp, dull, aching like pins and needles, which increases by sitting and walking and is decreased with medication and rest. Objective physical findings on exam show back abnormal findings of positive TIP lumbar paraspinous area, decreased bilateral patella with weakness bilateral extensor hallucis longus and tender left greater troch. Medications are to include Ambien, Celebrex, Provigil, Percocet, Norco, and Lyrica. Treatment plan was to continue with medication, start physical therapy, trochanteric bursa injection under fluoroscopic guidance in office to help with his left hip pain, and return in one month for evaluation. A request was received for 6 sessions of physical therapy 1x week for 6 weeks for Thoracic and Lumbar Spine to strengthen his core muscle groups. A request for authorization was submitted in the documentation for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions of Physical Therapy 1 x week for 6 weeks for Thoracic and Lumbar Spine:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 130.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The request for six (6) sessions of physical therapy 1x a week for 6 weeks for thoracic and lumbar spine is certified. The California MTU guidelines recommend 9-10 visits over 8 weeks of active therapy to restore flexibility, strength, endurance, function, and range of motion which can alleviate discomfort. Office visit on 03/31/2014 the MRI of his L-spine showed protrusion, disc degeneration present and hypertrophy of bilateral facet joint and 30% decrease central canal. The documentation submitted shows that the injured work is following all conservative care and medication is helping, however he is showing functional deficits that may benefit from physical therapy. Based on the evidence of functional deficits, the request is supported. As such the request is medically necessary.