

Case Number:	CM14-0021091		
Date Assigned:	07/14/2014	Date of Injury:	05/18/2005
Decision Date:	09/12/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/14/2014

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 Orthopedics 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 55-year-old retired [on 10/18/2012] male who sustained a low back injury in a motor vehicle accident on 5/18/2005 leading to increased complaints of low back pain. His complaints have worsened since 2008. His physician initially ordered symptomatic pain medication, transcutaneous electric nerve stimulation (TENS), HEP [Home Exercise Program] and physical therapy [10 visits]. No detailed documentation of previous treatment regarding dosage, frequency and response available. Due to continued complaints of mostly centralized, grinding low back pain and radiating leg pain he was seen in consultation in 2013 and prescribed 6 physiotherapy visits over 3 weeks. Initial physical therapy evaluation was on 06/05/2013 [documentation of only first of 6 visits was available]. He presently [10/03/2013] complains of low back pain radiating into left leg. The pain is described as chronic and severe. The patient admits frustration and pain interferes with sleep, activities of daily living [ADL] and function. Also occasionally complains of paresthesia lower extremities. Physical examination revealed: No acute distress on general assessment. Posture normal. No lumbar tenderness on palpation. Straight Leg raise [SLR] on the left leg was positive at 45 degrees. Right leg not mentioned. Muscle spasm reported bilateral lumbar spine. Sensation lower extremities were intact. Motor power revealed slight left lower extremity [4+/5] weakness of ankle dorsi-flexion and ankle plantar-flexion [noted only on 1 occasion]. o Deep tendon reflexes lower extremities revealed knee reflex left 1+ and rest of the lower extremity reflexes were 2+ . Clonus absent. Treatment rendered since day of injury: Drugs [Vicodin, Lidoderm 5%, Valium, Lyrica, Celebrex, Soma]. o Physiotherapy [PT], number of sessions [mostly traction / massage] attended uncertain and no documentation of functional improvement. Bracing. Laminectomy L2-3 [9/11/2009]. No documentation was available. TENS at home after MVA in 2008. o Epidural injections. o Chiropractic treatment. Treatment suggested by attending physicians: Acupuncture treatment.

Continued physiotherapy to include home exercise program, moist heat and stretches. Medical mattress. o Mobic to replace Celebrex. o Had laminectomy L2-3 [9/11/2009]. o TENS at home after MVA in 2008. Suggested 'stronger' TENS on 10/03/2013. o Procedures consisting of Left L4, L5 and S1 transforaminal epidural steroid injection. Left SI Joint injection. Diagnostic studies consisted of: MRI lumbar & cervical was done in 2005 [report not available]. o X-ray o Computed tomography Urine Toxicology Screen. Diagnosis was documented by different MD's as: o Left SI Joint Dysfunction [added 11/26/2013] o Lumbar facet arthropathy o Chronic pain o Failed back surgery syndrome L2-3 laminectomy Lumbar radiculopathy Degenerative disc disease; lumbar Most recent documented follow-up was PR-2 on 12/17/2013. At that stage the following requests were made: Physiotherapy o Medical mattress Chiropractic treatment Mobic drug Acupuncture treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x Week for 5 Weeks for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EXERCISE> Page(s): 60, 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <LOW BACK>, <PHYSIOTHERAPY>.

Decision rationale: The documentation of previous physiotherapy [PT], in my opinion, was both incomplete and handwritten notes were difficult to read and I was unable to decide if previous physiotherapy showed any clinical improvement or if the patient showed any functional improvement. Non-clinical statements of 'PT helped a lot' by caregiver after PT was prescribed on 6/04/2013 for 3 weeks [6 visits]. The main reason for denying the service has to do with the treatment suggested during initial session documented on 6/05/2013, namely traction, warm compresses and deep tissue massages. A subjective reason is also that the patient stated to the physiotherapist on 6/05/2013 that PT will not help and requested chiropractic, acupuncture and injections for which the outcome is unknown. Therefore, this request is not medically necessary.