

Case Number:	CM14-0024990		
Date Assigned:	06/11/2014	Date of Injury:	10/02/2008
Decision Date:	08/06/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/27/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 Physician 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 patient is a 71 year old with a work injury dated 10/2/08 to her low back. The diagnoses include spondylolisthesis and stenosis and facet hypertrophy at L4-5, L4-5, S1 radiculopathy. Under consideration is a request for physical therapy twice weekly for 6 weeks to the lumbar spine #12. According to the documentation, the patient states that she has completed her PT program. She does have a physioball and she has home flexibility and spine stabilization exercises. She states she is doing her stretching and cardio. She has just completed 6 sessions of lumbar physical therapy. After the physical therapy, she states that she is able to go to Costco without resting; prior to physical therapy, she states that she had to stop several times while shopping at Costco. She rates the pain 6/10 on meds. Currently, she reports constant aching pain in both buttocks. It no longer goes down the legs. She denies numbness or tingling in the leg. She rates the pain 6/10 with pain medication. She was not observed to require any walking aids. The gait was minimally antalgic with a slight limp. The back was straight and symmetrical, with no scars. The lumbosacral junction was painful to palpation on the left. She denied the posterior superior iliac spine was painful to palpation on the left. Spasm was not present in the lower lumbar paravertebral muscles bilaterally. She stated that extension was painful. The right and left lower extremities showed full ROM of the hips, knees and ankles bilaterally. She has pain with left hip abduction. The FABER's is negative bilaterally. Straight leg raising was negative at 90 degrees bilaterally. Muscle strength was 5/5 at the extensors and flexors of the hips and knees bilaterally. Plantar flexion was 5/5 bilaterally. Dorsiflexion of great toes was 5/5 bilaterally. The DTRs were at the quadriceps femoris 2+ on the left and 3+ on the right, and Achilles 0+ bilaterally. She has ongoing back pain. Her MR shows spondylolisthesis and stenosis and facet hypertrophy at L4-5. The EMG shows right L4-5 radiculopathy and left L4. L5 and S1 radiculopathy. She has had epidural steroid injections in the past. She was hoping the left hip replacement of 6/13 would improve her low back pain but it has been almost 6 months with no major improvement. She would likely benefit from more physical therapy to help her with core strengthening and flexibility. She has benefitted from 6 sessions of PT for her back but the therapy was not continued beyond that. She states she felt more

pain relief and great strength after the sessions. She has started PT for her back and states it is helping her gain more strength in her back. She feels more balanced when walking. Based on her physical therapist report, he is recommending she continue with PT to restore optimal function. There is a request for authorization for 6 more PT sessions. According to the documentation, a 10/07/13 PT report notes completion of 6 PT sessions. The 1/08/14 report notes completion of another 4 sessions of PT. There are minor changes in range of motion of the lumbar spine and flexibility between the report dated 12/09/13 and the 1/08/14 report.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWICE WEEKLY FOR 6 WEEKS TO LUMBAR SPINE #12:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114.

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

Decision rationale: Physical therapy twice weekly for 6 weeks to the lumbar spine #12 is not medically necessary according to the MTUS Chronic Medical Treatment Guidelines. The guidelines recommend up to 10 visits for this condition. The request for 12 visits of therapy would exceed the 10 visit recommendation. The injured worker has had evidence of adequate without extenuating need for additional therapy for the documentation submitted. The injured worker should be well versed in a home exercise program. The request for physical therapy twice weekly for 6 weeks to the lumbar spine #12 is not medically necessary.

