

Case Number:	CM14-0025033		
Date Assigned:	06/11/2014	Date of Injury:	11/11/2002
Decision Date:	07/18/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	02/27/2014

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 and Rehabilitation, Pain Medicine, and is licensed to practice in Texas. 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 53 year old male who sustained an injury to his low back while lifting merchandise on 11/11/2002. Magnetic Resonance Imaging of the lumbar spine revealed disc desiccation at L2-3; osteophyte/disc complex and 3mm posterior/posterolateral disc protrusion toward the right, encroaching on the canal with indentation of thecal sac. Treatment to date included epidural steroid injections, at least 18 visits of physical therapy treatment, non-steroidal anti-inflammatory drugs and home exercise program. Physical examination noted positive tenderness and swelling in the lumbosacral area straight leg raise positive; muscle spasm positive.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY TWO (2) TIMES A WEEK OVER FOUR (4) WEEKS FOR THE LUMBAR SPINE.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Physical therapy (PT).

Decision rationale: There was no statement identifying why an independent home exercise program would be insufficient to address any remaining functional deficits. There was no mention that a surgical intervention had been performed. The Official Disability Guidelines recommend up to 10 visits over eight weeks for the diagnosed injury with allowing for fading of treatment frequency (from up to three or more visits per week to one or less), plus active self-directed home physical therapy. Records indicate that the injured worker has been approved for at least 18 physical therapy visits to date. There was no additional significant information provided that would support the need to exceed the ODG recommendations either in frequency or duration of physical therapy visits. Given the clinical documentation submitted for review the request for outpatient additional physical therapy two times a week over four weeks for the lumbar spine is not medically necessary.