

Case Number:	CM14-0028785		
Date Assigned:	06/16/2014	Date of Injury:	05/12/2009
Decision Date:	08/13/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/06/2014

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, 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 is a 39-year-old male who reported an injury on 05/12/2009 when he experienced a sharp pain in his low back with radiation to his bilateral legs with weakness; his legs gave way, and a metal gate weighing 140 pounds fell on top of him. The injured worker reported improved low back pain with less numbness since surgery in 02/2013. He rated back pain at a 5/10 to 6/10. On the physical examination dated 08/27/2013, range of motion was not tested at that time, and the lumbar spine showed a well-healed scar. On the physical examination dated 06/26/2013, the strength in hip flexion was 5/5; reflexes were 2+ for the deep tendon reflexes in the bilateral quadriceps and Achilles. The injured worker had a slight decrease in sensation to light touch in the right L5 and S1 dermatomes. The injured worker's diagnoses are status post lumbar fusion with complaints of depression and anxiety. The injured worker's medications included Vicodin. The injured worker's past surgery was a status post lumbar decompression and instrumented fusion with bone grafting at the L4-S1 levels. The injured worker's past diagnostics included on 05/10/2011, there was an MRI done of the lumbar spine that revealed that at L5-S1, there was a 5 mm midline disc protrusion resulting in abutment of the descending nerve root with mild degree of central canal stenosis. At L4-5, there was a broad 4 mm midline disc protrusion resulting in mild abutment of the descending L5 nerve bilaterally with a mild degree of central canal stenosis. There was also an MRI of the lumbar spine on 05/08/2012 that showed that an L4-5 and L5-S1 disc herniation with central and lateral recess stenosis bilaterally. At L4-5 and L5-S1, facet arthropathy with moderate to severe foraminal stenosis was noted. Past treatment has included physical therapy. The treatment plan for the injured worker is to return to the clinic in 4 to 6 weeks and continue with home exercise and continued postoperative treatment. There was a request for treatment for 18 sessions of physical

therapy for the lumbar spine 2 to 3 times per week for 6 weeks. The rationale or Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 SESSIONS OF PHYSICAL THERAPY FOR THE LUMBAR SPINE (2-3 X PER WEEK FOR 6 WEEKS): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines, physical therapy, back.

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

Decision rationale: The California MTUS Guidelines support 9 to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The injured worker was noted to have documented clinical visits of improvement. Motor strength was 5/5 with hip flexion, and 2+ deep tendon reflexes were noted in the bilateral quadriceps and Achilles. The documentation indicated that the injured worker had previous physical therapy; however, details regarding his prior treatment, including the number of visits completed and objective functional gains obtained were not provided. Based on the lack of objective evidence of functional improvement with the previous treatments, the appropriateness of additional physical therapy cannot be established. The guidelines indicates the for myalgia and myositis, unspecified 9-10 visits over 8 weeks and for neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. The request as submitted exceeds evidence based guideline. Given the above, the request for 18 sessions of physical therapy for the lumbar spine 2 to 3 times per week for 6 weeks is not medically necessary.