

Case Number:	CM14-0029591		
Date Assigned:	04/28/2014	Date of Injury:	01/31/2013
Decision Date:	06/06/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/23/2014

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 Geriatrics has a subspecialty in Family Practice 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 reported a date of injury of 1/31/13. He was seen by his orthopedic physician on 12/26/13 with complaints of low back pain, described as constant, worse with activities and radiating to the back of his left leg to the knee. He had functional impairment. His physical exam showed that he can toe and heel walk with difficulty and pain. He would flex forward to the tibial tubercle. His strength was 50% of normal with 1+ reflexes of the knee and ankle and positive straight leg raise. His left gastrocnemius and EHL strength was 4/5. His diagnoses were low back pain, left lumbosacral radiculopathy, left paracentral herniation at L5-S1 and right foraminal narrowing at L4-5. He has tried physical therapy, medications and epidural injections in the past. At issue in this review is physical therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY LUMBAR: Upheld

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

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

Decision rationale: The MTUS Physical Medicine Guideline allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine. In this injured worker, physical therapy has already been used as a modality and a self-directed home exercise program should be in place. The records do not support the medical necessity for physical therapy visits in this individual with chronic back. Therefore, the request for physical therapy lumbar is not medically necessary and appropriate.