

Case Number:	CM14-0033763		
Date Assigned:	06/23/2014	Date of Injury:	04/03/2003
Decision Date:	08/12/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/18/2014

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, has a subspecialty in Pain Management, 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 patient is a 58-year-old with an injury date on April 3, 2003. The listed diagnoses per [REDACTED] dated February 26, 2013 are radiculopathy of the lumbar spine, muscle spasm, lumbosacral spondylosis without myelopathy, and sprain/strain lumbosacral. According to this report, the patient complains of low back pain with radiation into lower extremities. The patient states since resuming his previous medication regimen this month he has been able to resume some of his previous activities. He has been able to spend more time out of bed because he can actually sit more upright therefore he has been able to be more participatory with his family, do more of his ADLS and attend more [REDACTED] meetings. Positive bilateral straight leg raise, positive palpation of the lumbar facet reveals pain on both the sides at L3-S1 region, and positive trigger points are noted in the lumbar paraspinal muscles. Motor strength is weak in the LLE. The patient's current medications are Vicodin, Duragesic, Flector, Miralax, Neurotin, Norco, and Prilosec. The medications help reduce the patient pain from an 10/10 to a 6/10, allows him to be functional in his ADLS. MRI on February 17, 2014 reveals L5/S1: 4 mm grade 1 degenerative anterolisthesis, L4/L5: 4 mm grade 11 retrolisthesis, L3/L4: 4 mm grade 1 retrolisthesis, L2/L3: 2 mm grade 1 retrolisthesis, and L1 /L2: 1 mm grade 1 retrolisthesis. There were no other significant findings noted on this report. The utilization review denied the request on March 12, 2014. [REDACTED] is the requesting provider, and he provided treatment reports from July 13, 2013 to May 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy for the lumbar spine, three times weekly for four weeks:
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 < MTUS pages 98,99 Physical Medicine.

Decision rationale: According to the February 26, 2014 report by [REDACTED] this patient presents with low back pain with radiation into the extremities. The treater is requesting 12 sessions of physical therapy for the lumbar spine. The UR denial letter states There is not sufficient documentation or rationale for the number of sessions requested, but as there are continued deficits, additional outpatient physical therapy for six (6) sessions would be medically reasonable and approved for the lumbar spine. Review of the reports do not discuss recent or prior therapy treatments. Regarding neuralgia, neuritis, and radiculitis type condition, the Chronic Pain Medical Treatment Guidelines recommend eight to ten visits over four weeks. In this case, if it were that the patient did not have any recent therapy, a short course may be warranted but the requested of twelve sessions exceed what is allowed by the Chronic Pain Medical Treatment Guidelines. The UR modified the request and 6 sessions were authorized which appear reasonable. The Chronic Pain Medical Treatment Guidelines only recommends up to ten sessions for this type of condition. The request for outpatient physical therapy for the lumbar spine, three times weekly for four weeks, is not medically necessary or appropriate.