

Case Number:	CM14-0035146		
Date Assigned:	06/23/2014	Date of Injury:	05/10/2013
Decision Date:	07/24/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/21/2014

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 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 55 year old male whose date of injury is 05/10/13. The mechanism of injury is described as lifting garbage. He complains of low back pain radiating into the left leg. The injured worker is taking multiple medications including Vicodin; Colace; Ambien; Zanaflex; Atenolol; Paxil; Simvastatin. The records indicate that the injured worker reports completing 12 physical therapy sessions in August 2013. He also had pool therapy for 2-4 sessions. He has a Transcutaneous Electrical Nerve Stimulation (TENS) unit. Lumbar epidural steroid injection was performed on 10/18/13. Physical examination on 03/05/14 revealed a left sided antalgic gait assisted by cane, and injured worker wearing left foot ankle foot orthotic (AFO). There was tenderness to palpation of paravertebral muscles on the left side, and tenderness is noted spinous process on L5 and S1. The injured worker can walk on heels and toes. Straight leg raise was positive on the left at 45 degrees. Motor examination was graded 3 throughout the left lower extremity. Patellar jerk was 2/4 bilaterally. Ankle jerk was 2/4 on the right and 1/4 on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical therapy (PT).

Decision rationale: ACOEM Chapter 12 recommends 1-2 physical therapy visits for education and evaluation of home exercise program for range of motion and strengthening. ODG guidelines recommend 10-12 visits over 8 weeks for lumbosacral radiculitis. The injured worker self reports completing 12 physical therapy visits as well another 3-4 aquatic therapy visits, however, there was no comprehensive history of treatment to date as documented by physical therapy daily progress notes indicating the total number of therapy visits completed, modalities used and response to treatment. The guidelines recommend that therapy allow for fading of treatment with diminishing visits per week as well as instruction in and transition to a home exercise program. There is nothing in the records to indicate that the injured worker is not capable of independently pursuing a home exercise program. Based on the clinical data submitted for review, medical necessity is not established for the requested physical therapy for the lumbar spine.