

Case Number:	CM14-0036237		
Date Assigned:	06/25/2014	Date of Injury:	06/01/2009
Decision Date:	08/19/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/24/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 49-year-old with an injury date on 6/1/09. Patient complains of lower back pain and stiffness per 1/10/14 report. The 1/16/14 agreed medical evaluation (AME) states patient is 15% improved in neck pain, and is able to walk two blocks without pain. His back pain is no longer constant, but is frequent, radiating down left leg with numbness per 1/16/14 AME. Based on the 1/10/14 progress report provided by the requesting provider, the diagnoses are lumbar degenerative disc disease; lumbar disc protrusion; and probably left S1 radiculopathy. Exam on 1/10/14 showed tenderness to palpation to lumbar spine with muscle spasm noted. Patient is utilizing cane for support. Range of motion revealed flexion of 30 degrees, extension is at 15 degrees, left/right lateral flexion is at 20 degrees. The requesting provider is requesting physical therapy 2 times a week for 3 weeks for lower back. The utilization review determination being challenged is dated 2/21/14 and denies request as patient had 12 post-operative physical therapy visits authorized in 2012, and 32 aqua therapy visits authorized in 2013. The requesting provider provided treatment reports from 1/10/14 to 2/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week x 3 weeks, for lower back.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: This patient presents with low back pain and is status post (s/p) lumbosacral fusion, L4 to the sacrum, posterior and anterior from 7/21/12. The treater has asked for physical therapy 2 times a week for 3 weeks for lower back on 1/10/14. The 1/10/14 report states patient's symptoms have persisted despite rest and use of activity modification and analgesic medications. The 9/23/13 agreed medical evaluation (AME) states patient had 14 land-based physical therapy sessions and an unspecified number of aquatic therapy sessions. The 1/16/14 AME states patient has had one recent physical therapy session, and is authorized for 11 more. The MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, the patient is outside of lumbar fusion post-operative timeframe and it is unclear if prior physical therapy has been of benefit. As patient already has 12 sessions of physical therapy authorized, the requested six additional sessions of physical therapy for the lumbar spine exceeds MTUS guidelines for this type of condition. Recommendation is not medically necessary.