

Case Number:	CM14-0038899		
Date Assigned:	06/27/2014	Date of Injury:	07/22/2012
Decision Date:	08/14/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	04/02/2014

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 Anesthesiology, 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 40 year old male who sustained injury to his low back on 07/22/12. Mechanism of injury was not documented. Agreed medical reexamination and orthopedics dated 06/03/14 reported that treatment to date included approximately 15 physical therapy visits that provided short lived benefit. The injured worker continued to complain of daily low back pain that was made worse with any constant sitting or prolonged standing radiating into the right hip and down the right leg. The patient or injured worker also had right leg sciatic type pain with constant foot throbbing, right side worse than left and recent pain in the back of the left knee. Physical examination of the low back and lower extremities noted normal gait; able to heel/toe walk without difficulty; lumbar lordosis normal, but thoracic kyphosis slightly decreased; scoliosis not present; injured worker could squat fully; bilateral tenderness to palpation of PSIS and lumbar paravertebral musculature; no palpable spasm bilaterally straight leg raise positive right at 75 degrees, negative left at 90 degrees; slightly decreased sensation in right L5 dorsal foot/toes; otherwise, sensory examination intact bilaterally; motor examination normal; hips no tenderness to palpation bilaterally. A clinical note dated 12/24/13 reported that the request for additional physical therapy two times a week times four weeks was certified. The injured worker was diagnosed with chronic recurrent musculoligamentous injury of the lumbosacral spine. The injured worker declined surgery. Orthopedically, it was believed that the injured worker could be considered at maximum medical improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 additional sessions of physical therapy (2x4) for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, TWC Low Back Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Physical therapy (PT).

Decision rationale: The injured worker has been authorized for at least 15 physical therapy visits to date for the low back. The Official Disability Guidelines recommend up to 10 visits over eight weeks for the diagnosed injury with allowing for fading of treatment frequency (from up to three or more times a week to one or less), plus active self-directed home physical therapy. There was no indication that the injured worker was actively participating in a home exercise program. There was no additional significant objective clinical information provided for review that would support exceeding the Official Disability Guidelines recommendations, either in frequency or duration of physical therapy visits. Given this, the request for 8 additional sessions of physical therapy (2x4) for the lumbar spine is not indicated as medically necessary.