

Case Number:	CM14-0043506		
Date Assigned:	07/02/2014	Date of Injury:	08/19/1980
Decision Date:	12/10/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/10/2014

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 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 injured worker is a 69-year-old male who sustained an injury on 8/19/80. The only available proper report was dated back to 10/22/13, as per which, he presented with lower back pain that radiated to the legs bilaterally with associated numbness. Pain was rated 10/10 at worst. Exam from this visit revealed bilateral posterior lumbar area tenderness and intact range of motion (ROM) with some discomfort. Imaging studies from May 2013 revealed multilevel degenerative disc disease (DDD) of the lumbar region with spondylotic spurring and active endplate degenerative change producing varying levels of canal narrowing, lateral recess narrowing and neural foraminal compromise and changes most pronounced at the L3-L5 levels. As per the 2/18/14 report, the medications are listed as Acetaminophen, Baclofen, Ziac, Chlorhexidine, Fluoxetine, Ibuprofen, Ketoconazole 2 % Topical Shampoo, Levothyroxine Sodium, Metronidazole, Naproxen, ProAir HFA, Rosuvastatin, Tamsulosin and Triamcinolone Acetonide. From the physical therapy progress notes documented between 2/18/14 and 3/26/14, it appears that he has attended 5 physical therapy sessions for his lumbar spine, feet and legs and is performing a home exercise program. As per the 2/19/14 report, he had slight improvement after performing exercises; however, still having symptoms. As per the 3/26/14 report, the exercises are helpful but sometimes he has soreness after which he has to lay down and that feet and legs continue to be the most problematic. Past treatments have included medications and unknown number of physical therapy. Diagnoses include lumbosacral spondylosis without myelopathy, low back pain, hypertension, obesity, pain in joint lower leg, and lumbar stenosis. The request for 24 Physical Therapy visits (1-2 visits per week for 8-12 weeks) for lumbar spine was denied on 4/1/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 Physical Therapy visits (1-2 visits per week for 8-12 weeks) for the Lumbar Spine:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: As per California MTUS guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Official Disability Guidelines recommend 9 visits over 8 weeks intervertebral disc disorders without myelopathy. In this case, the injured worker has already 5 physical therapy visits. However, there is little to no record of any progress notes significant improvement with documentation of the objective measurements (i.e. pain level, range of motion, strength or function) to demonstrate the effectiveness of this modality in this injured worker. There is no evidence of presentation of any new injury / surgical intervention. Moreover, additional physical therapy visits would exceed the guidelines criteria. Furthermore, there is no mention of the patient utilizing a home exercise program (HEP); this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels. Therefore, the request is considered not medically necessary in accordance with the guidelines.