

Case Number:	CM14-0050819		
Date Assigned:	07/07/2014	Date of Injury:	02/21/2013
Decision Date:	08/28/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/17/2014

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 Management and is licensed to practice in Tennessee. 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 60-year-old female who has submitted a claim for lumbar strain, lumbar spondylolysis, lumbar discogenic pain, right lumbar radiculitis, and sciatica associated with an industrial injury date of 02/21/2013. Medical records from 09/16/2013 to 07/07/2014 were reviewed and showed that patient complained of low back pain graded 9/10 with radiation to the right leg. The pain was aggravated by activity. Physical examination revealed pain with lumbar flexion and extension. SLR (straight leg raise) test was positive on the right. Patrick's sign was positive bilaterally. Sensation to light touch was decreased over L3-4 dermatomal distribution bilaterally. CT myelogram dated 08/02/2013 revealed moderate to severe lumbar spondylolysis with moderate canal stenosis L3-4, severe disc space narrowing L3-4 and L4-5, and mild to moderate disc space narrowing at L5-S1. Treatment to date has included L4-5 discectomy (2001), physical therapy, and pain medications. Utilization review dated 03/20/2014 denied the request for Physical Therapy 1x/Wk x 6 Wks (1time/week x6 weeks) because there was a need for clarification regarding the patient's response from previous physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 1x/Wk x6Wks (1 time/week x6 weeks) Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

Physical Therapy Guidelines; ODG-TWC (Official Disability Guidelines- Treatment in Workers' Compensation), Online Edition, Low Back-Lumbar & Thoracic, Physical Therapy.

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

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. In this case, the patient completed unspecified visits of physical therapy with no documentation of functional outcome. It is unclear as to why the patient cannot transition to independent HEP (home exercise program) at this time. The medical necessity for additional PT cannot be established with the available medical records. Therefore, the request for Physical Therapy 1x/Wk x6Wks (1 time/week x6 weeks) Lumbar Spine is not medically necessary.