

Case Number:	CM14-0069854		
Date Assigned:	07/14/2014	Date of Injury:	03/20/1987
Decision Date:	08/21/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/15/2014

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 66-year-old female with date of injury of 03/22/1987. The listed diagnoses per [REDACTED] dated 03/18/2014 are spinal stenosis of the lumbar region; lumbosacral disk degeneration; thoracic or lumbosacral neuritis or radiculitis, not otherwise specified and cervical disk degeneration. According to this report, the patient complains of low back and cervical spine pain. She has pain radiating from the low back down to posterior and anterior left leg and has been radiating from the cervical spine to the left upper extremity, arm, and into the thumb. The patient noticed the onset of the pain in 1987. The pain has progressively worsened over time. She rates her pain a 4/10 to 8/10. She has had significant amounts of physical therapy in the past. The physical examination shows the patient is 5 feet 3 inches, 232 pounds. She walks with a walker. The patient has an antalgic gait. She is barely able to flex forward to any degree. She has flattening of the lumbar lordotic curve. She has tenderness to palpation of the lumbar spine, right greater than the left. She has bilateral lower extremity edema. The patient has an absent left patellar reflex, 1+ right patellar reflex. She has decreased sensation to light touch and vibration below the knee in the right lower extremity and essentially absent bilaterally below the knee. The Utilization Review denied the request on 05/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical therapy 2 times a week for six weeks for Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

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

Decision rationale: This patient presents with low back and cervical spine pain. The treater is requesting 12 physical therapy sessions for the lumbar spine. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia-type symptoms. The records do not show any recent or prior physical therapy reports to verify how many treatments the patient has received and with what results. The progress report dated 03/18/2014 notes that the patient received significant amounts of physical therapy. However, the quantity and date was not documented. In this case, the treater does not document any recent flare-ups, exacerbations, or traumas that would warrant additional therapy. Furthermore, the requested 12 sessions exceeds what is allowed by the MTUS guidelines. Recommendation is not medically necessary.