

Case Number:	CM14-0071388		
Date Assigned:	07/14/2014	Date of Injury:	05/01/2012
Decision Date:	08/22/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/16/2014

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 Alabama. 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 42 year old male who was injured on 05/01/2012. The mechanism of injury is unknown. He has been treated conservatively with physical therapy with little benefit, acupuncture with little benefit, and lumbar epidural steroid injection. Diagnostic studies reviewed include MRI of the lumbar spine without contrast dated 05/21/2012 revealed L5-S1 spondylolisthesis and spondylolysis with degenerative changes resulting in severe left neural foraminal stenosis. Pain management report dated 03/03/2014 documents the patient to have complaints of neck pain, low back pain, left shoulder pain and left knee pain. He rated his pain a 6/10 with medications and 9/10 without medications. Objective findings on exam revealed tenderness of the lumbar spine over L4-L5 and L5-S1 levels. Range of motion of the lumbar spine was moderately limited secondary to pain. The upper limbs revealed tenderness at the left rotator cuff. Range of motion is decreased due to pain. Diagnoses are lumbar facet arthropathy, lumbar radiculopathy, lumbar spinal stenosis, medication related dyspepsia, chronic pain syndrome. The patient was recommended lumbar physical therapy and was also recommended hydrocodone, Neurontin, and pantoprazole. Prior utilization review dated 04/16/2014 states the request for Physical Therapy x 12 to lumbar is not denied as this patient has received physical therapy than recommended without any evidence of functional improvement and there has been no response to additional information.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 12 to lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-physical therapy guidelines, low back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <Physical Medicine> Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Low back>, < Physical Therapy>.

Decision rationale: The above MTUS guidelines regarding physical therapy state Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. The above ODG guidelines for low back disorders state recommend 10-12 visits over 8 weeks for lumbosacral neuritis/radiculitis. In this case, the Patient Visit Log demonstrates that the patient has already 16 visits treating for lumbar spine and left shoulder. In addition there is no documented evidence of functional improvement. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.