

Case Number:	CM14-0071963		
Date Assigned:	07/16/2014	Date of Injury:	10/20/2010
Decision Date:	09/23/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/19/2014

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 Occupational 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 61 year old male who was injured at work on 10/20/2010. The injured worker is being treated for recurrent back pain that shoots down his bilateral lower extremities. His physical examination revealed marked limited lumbar range of motion, mild weakness of an unspecified body part; diminished reflexes, but normal sensations. He was diagnosed of spondylosis and arthritis of the low back, status post laminectomy and partial facetectomies at L4-5 bilaterally (no specified date). He was kept off work till 07/01/2014, referred for physical therapy, and given a 5 X week appointment. The injured worker was not improved at the return visit, therefore the provider considered surgical option, but also renewed the physical therapy. At dispute is the request for physical therapy two (2) times a week for six (6) weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two (2) times a week for six (6) weeks for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Page(s): 8.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain discussion; Physical Medicine Page(s): 8; 98-99>.

Decision rationale: The injured worker sustained a work related injury on 10/20/2010. The medical records provided indicate the diagnosis of spondylitis and arthritis of the low back, status post laminectomy and partial facetectomies at L4-5 bilaterally. Treatments have included work modification, and physical therapy. The medical records provided for review do not indicate a medical necessity for additional physical therapy. The MTUS does not recommend unrestricted number of physical therapy for chronic pain conditions (chronic pain guidelines is referenced here, because though the injured worker at one point had surgery, we do not know the date); rather, the MTUS recommends, a fading of physical therapy from three visits a week to one per week, then to continue with home exercise program. Since the worker did not improve with the initial physical therapy, MTUS recommends use of other therapeutic modalities. Therefore, this request for physical therapy two (2) times a week for six (6) weeks for the lumbar spine is not medically necessary.