

Case Number:	CM14-0073870		
Date Assigned:	08/08/2014	Date of Injury:	04/03/2003
Decision Date:	10/06/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/21/2014

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 Nevada. 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 records presented for review indicate that this 58 year-old individual was reportedly injured on 4/3/2003. The mechanism of injury is noted as a slip without fall. The most recent progress note, dated 4/23/2014. Indicates that there are ongoing complaints of low back pain that radiates in the bilateral lower extremities. The physical examination demonstrated lumbar spine: straight leg raise is positive bilaterally. Positive tenderness to palpation lumbar facet bilaterally at L3-S1. Positive twitch response with trigger points on the lumbar paraspinal muscles. Twitch response extends into the buttocks bilaterally. Antalgic gait with a cane. Range of motion of the lumbar spine is 40 flexion with pain. Extension 5 Left lower extremity weakness. Lower extremity sensation decreased to light touch along the-S-1 dermatomes on the right and L4-5 on the left. No recent diagnostic studies are available for review. Previous treatment includes medications, and conservative treatment. A request had been made for physical therapy one time a week for 8 weeks and was not certified in the pre-authorization process on 5/1/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 1x8: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis; and recommend a maximum of 10 visits. The claimant has complaints of chronic low back pain that radiates into the bilateral lower extremities and review of the available medical records, fails to demonstrate an improvement in pain or function. The claimant's date of injury was 2003 and in the absence of clinical documentation to support additional visits, this request is not considered medically necessary.