

Case Number:	CM14-0076051		
Date Assigned:	07/16/2014	Date of Injury:	05/04/2011
Decision Date:	08/15/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/23/2014

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 Pain Medicine, has a subspecialty in Pain Medicine 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:

This is a 57-year-old female who sustained a remote industrial injury on 05/04/11 diagnosed with lumbar disc disease with left lumbar radiculopathy, rule out lumbar facet syndrome, lumbosacral musculoligamentous strain, partial perineural root sleeve cyst exiting the right S2-3 neural foramen, depressive disorder with anxiety reaction, and history of GERD. Mechanism of injury occurred when the patient fell down hardwood steps while on a business trip in Dallas, injuring her tailbone and causing multiple fractures to the right foot. The request for 12 Physical therapy visits 3 times per week for 4 weeks for the lumbar spine was modified at utilization review to certify 10 Physical therapy visits 2 times per week for 5 weeks for the lumbar spine due to complaints of low back pain, deficits presented in the physical exam, and the lack of previous physical therapy. The most recent progress note provided is 04/16/14. Patient complains primarily of lower back pain localized in the lower lumbosacral region radiating down the buttocks into the left lower leg to the foot and toes. This pain is described as aching, soreness, annoying, radiating, stinging, stabbing, transient, and shooting. Prolonged sitting, standing, walking, bending, squatting, carrying, and lifting aggravate the pain. Patient also complains of right foot pain rated as a 6-7/10. Physical exam findings reveal difficult heel-toe walk due to back pain; tenderness to palpation in the lumbosacral region, bilateral lumbar facet joints, and bilateral SI joints; spasms in the lumbar paraspinals; limited range of motion of the lumbar spine; some weakness in extension of the left knee; deep tendon reflexes of 3-4+ at the knee level and 1+ at the ankle level; and edema in the right ankle. Current medications include: Soma and Celebrex. Provided documents include previous progress reports, subjective questionnaires, an Agreed Medical Evaluation supplemental report, and an Orthopaedic Agreed Medical Evaluation that reveals several plans for physical therapy and chiropractic manipulation for the low back

pain. The patient's previous treatments include right foot surgeries, medication, cortisone injections, chiropractic manipulation, acupuncture, and physical therapy. Imaging studies provided include an MRI of the lumbar spine, performed on 11/05/13. The impression of this MRI reveals a 2.5 mm disk bulging at L3-4; minimal grade 1 spondylolisthesis of L4 and 2 mm disk bulging mild indentation of the thecal sac; this disk minimally contacts the descending left and right L5 nerve roots; and a 1-2 mm disk bulging at L5-S1 with this disk minimally contacting the descending left and right S1 nerve roots. A CT of the pelvis, performed on 11/05/13, is also included and reveals uncomplicated sigmoid diverticulosis and the patient is status post hysterectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy visits 3 x per week for 4 weeks for the lumbar spine.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines; Treatment in Workers' Compensation, Physical Medicine; Low Back Pain Procedure Summary.

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

Decision rationale: According to CA MTUS guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." In this case, it is unclear in the documents provided whether the has participated in physical therapy for the low back, as there are multiple plans for physical therapy for the low back pain in the Agreed Medical Evaluation. Therefore, the number of sessions completed and any obtained functional improvement is not specified, and the treating physician does not document limitations that would necessitate more physical therapy sessions over the patient continuing therapy in a safe home exercise program. Due to this lack of documentation regarding whether the patient has or has not had physical therapy for the low back, medical necessity cannot be supported and the request for 12 Physical Therapy visits 3x per week for 4 weeks for the lumbar spine is non-certified.