

Case Number:	CM14-0087042		
Date Assigned:	07/23/2014	Date of Injury:	11/02/1998
Decision Date:	08/27/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/10/2014

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, 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:

This patient is a 39 year old male with an injury date on 11/02/98. Based on the 04/22/14 progress report provided by [REDACTED] and [REDACTED], this patient continues to have "pain across the lower back with radiation down the lower extremities to the feet, with numbness and tingling." This patient complains of "increased pain with sitting or standing over 30 minutes and with changes in weather" and "continues to wear the Cybertech brace for support." Exam shows this patient shows this patient has limited lumbar spine range of motion in flexion to 50 degrees, extension to 15 degrees, and lateral flexion to 20 degrees, with flexion and extension pain. There is a positive straight leg raise producing low back pain and radiation of pain down the posterior legs. Diagnoses for this patient are: 1. Status post posterior decompression and interbody fusion with pedicle screw fixation, L5-S1, March 12, 2012. 2. Status post prior anterior lumbar interbody fusion, L4-5, May 2002. The utilization review being challenged is dated 05/12/14. The request is for physical therapy 2x4 lumbar spine. The requesting provider is [REDACTED] and are is the requesting provider and he provided progress reports from 06/11/13 to 04/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: This patient presents with ongoing lower back pain with radiation down to the lower extremities to the feet. The treater requests physical therapy 2x4 for lumbar spine. MTUS guidelines, pages 98-99, recommend 8-10 physical therapy visits for unspecific neuralgia, neuritis, and radiculitis. This patient already performs home exercises and stretches "on a daily basis for approximately 30 minutes to an hour." Given the lack of physical therapy reports provided, documenting functional improvements or the lack of, nor any mention of fading of treatment frequency for this patient, this patient is reasonably expected to be able to continue his current home exercise regimen. Recommendation is for denial.