

Case Number:	CM14-0204219		
Date Assigned:	12/16/2014	Date of Injury:	06/07/2003
Decision Date:	02/10/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/05/2014

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 Rehab, 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:

The patient is a 62 year old male who sustained a work related injury to his lower back on June 7, 2003. There was no documented mechanism of injury. The diagnosis is lumbar radiculitis. According to the physician's report on July 24, 2014 the injured worker underwent multiple lumbar surgeries including a lumbar 4-5 pedicle screw fixation and interbody fusion. There were no dates documented in this review of these surgical interventions. Medications are listed as Lyrica, narcotic pain medications and muscle relaxants. According to the Utilization Review determination, the most recent physical therapy was in 2013. There was no documentation of patient's beneficial or ineffective response to past physical therapy. The injured worker continues to have chronic low back pain radiating to the bilateral lower extremities increasing in frequency. On examination in April 2014, the treating physician noted decreased sensation at the left L5, and equal deep tendon reflexes at the patella and Achilles. The injured worker utilizes a cane for ambulation. The injured worker's work status disability was not noted. The treating physician has requested authorization for physical therapy 3 times a week for 4 weeks to the lumbar spine. On November 7, 2014 the Utilization Review denied certification for physical therapy 3 times a week for 4 weeks to the lumbar spine. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS) and ACOEM, Low Back Complaints, Physical Treatment Methods; and the Official Disability Guideline (ODG) Physical Therapy Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy visits 3x4 lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy Guidelines

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

Decision rationale: The patient presents with lumbar back pain. The current request is for Physical therapy visits 3x4 lumbar spine. The reports mentioned in the UR decision were not submitted with the case for review. It is unknown when the patient underwent the various lumbar surgeries. The MTUS guidelines allow 8-10 physical therapy visits for myalgia and neuritis type conditions. According to the UR report dated 11/07/14 (8) the patient underwent physical therapy in 2013. The current request exceeds the maximum amount allowed by the MTUS guidelines. Therefore, this request is not medically necessary.