

Case Number:	CM15-0031466		
Date Assigned:	02/24/2015	Date of Injury:	12/12/1998
Decision Date:	04/21/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/19/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 66 year old male, who sustained an industrial injury on 12/12/1998. He reported a cumulative injury from lifting pallets and merchandise. The diagnoses have included low back pain, lumbar radiculopathy and lumbar disc disease. Treatment to date has included medication. According to the progress report dated 1/13/2015, the injured worker complained of low back pain. The discomfort was most prominent in the lower, lumbar spine with radiation to the left and right calf. Associated symptoms included stiffness and paravertebral muscle spasm. Lumbar exam showed somatic dysfunction of the musculoskeletal system (no rotational lesions). The treatment plan was for Zanaflex and for physical therapy two times a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 6 for lumbar spine: Upheld

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

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

Decision rationale: Based on the 1/13/15 progress report provided by the treating physician, this patient presents with chronic low back pain, radiating to the left/right calf with stiffness, spasm, numbness, and weakness in the arms/legs and radicular bilateral leg pain. The treater has asked for PHYSICAL THERAPY 2X6 FOR LUMBAR SPINE on 1/13/15. The patient's diagnoses per Request for Authorization form dated 1/23/15 are low back pain. The patient is s/p a home exercise program which includes running and water aerobics, a multi-pharmacy regimen. The utilization review letter dated 1/30/15 mentions 14 post-operative physical therapy sessions but they were for the knee, after patient's right knee arthroscopy for medial meniscus tear and synovectomy from 7/27/12. The patient has not had recent physical therapy for the lumbar per review of reports dated 3/20/14 to 1/20/15. The patients work status is retired. MTUS Chronic Pain Medical Treatment Guidelines, pages 98 to 99 state that for patients with myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed. Given the patient has not had physical therapy for the lumbar, a short course of treatment may be reasonable for a flare-up, declined function or new injury. Review of the reports show 14 sessions of post-op therapy for the patient's knee condition but no specific treatments to the L-spine in the recent past. A short course of therapy may be reasonable for the patient's lumbar spine but the requested 12 sessions exceed what is allowed by MTUS for non-post-op therapy. The request IS NOT medically necessary.