

Case Number:	CM14-0122669		
Date Assigned:	09/25/2014	Date of Injury:	09/19/2012
Decision Date:	11/18/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/04/2014

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 Family 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 42 years old male patient who sustained the injury on 9/19/2012. He sustained the injury while carrying a part and had placed the foot on the platform, he slipped on the fiber glass which was on the floor and fell as a result there was immediate pulling sensation in the lower back. The current diagnosis includes low back pain and lumbar spine radiculopathy. Per the doctor's note dated 6/13/14 he had complaints of burning, radicular low back pain and muscle spasms with numbness and tingling of the bilateral lower extremities. The physical examination of the lumbar spine revealed pain with heel-walking, tenderness to palpation at the lumbar paraspinal muscles and over the lumbosacral junction, range of motion- flexion 45 degrees, extension and left lateral flexion 15 degrees, right lateral flexion and left rotation 20 degrees, and right rotation 25 degrees, positive straight leg raise at 30 degrees, bilaterally, decreased sensation to pin prick and light touch at the L4, L5 and S1 dermatomes bilaterally and normal deep tendon reflexes. The medications list includes Deprizine, Dicopanol, Fanatrex, Synapryn, Terocin patch and Tabradol. He has had Magnetic resonance imaging (MRI) of the lumbar spine dated 2/26/13 which revealed displacement of lumbar intervertebral disc without myelopathy and electromyography (EMG) and nerve conduction studies (NCS) of the lower extremity dated 3/14/13 which revealed acute bilateral L5-S1 radiculopathies, mild bilateral lateral plantar sensory demyelinating neuropathies. He has had a course of chiropractic and physiotherapy visits for this injury. He has had a urine drug screen dated 6/12/14 which was inconsistent for Hydrocodone; he has also had a urine drug screen on 5/12/14, 4/15/14, 3/17/14 and 1/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x 6 - lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chapter: Low Back (updated 10/28/14) Physical therapy (PT)

Decision rationale: The cited guidelines recommend up to 10-12 physical therapy visits for this diagnosis. Per the records provided, patient has already had a course of chiropractic and physical therapy visits for this injury. The requested additional visits in addition to the previously rendered physical therapy sessions are more than recommended by the cited criteria. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Per the cited 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." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the Physical Therapy 3 x 6 - lumbar spine is not fully established for this patient.