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| Case Number: | CM14-0141276 | | |
| Date Assigned: | 09/10/2014 | Date of Injury: | 12/02/2013 |
| Decision Date: | 11/25/2014 | UR Denial Date: | 08/21/2014 |
| Priority: | Standard | Application Received: | 09/02/2014 |

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 Med & 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 injured worker is a 42 year old male with a date of injury on 12/2/2013. He is diagnosed with (a) lumbar facet arthropathy and (b) lumbar sprain and strain. A magnetic resonance imaging scan of the lumbar spine without contrast report dated 1/6/2014 demonstrated degenerative spondylotic changes lumbar spine with mild bilateral facet joint arthrosis from L3-L4 from up to L5-S1 levels. No acute fracture or dislocation. Mild strain pattern is seen in the interspinous ligament between the L3 and L4 spinous processes. It also demonstrated broad-based spur-disc complex slightly eccentric to the left at L5-S1 without central canal stenosis; mild bilateral neural foraminal narrowing without exiting nerve root compression; and mild posterior disc bulge slightly eccentric to the left neural foramina with posterior annular fissure at L4-L5 without central canal stenosis. There was mild narrowing of the inferior aspect of the left neural foramina without exiting nerve root compression and mild posterior disc bulge prominent in the right foraminal and extraforaminal aspect of L3-L4 minimally impressing the anterior aspect of thecal sac without central canal stenosis. There was also mild right neural foraminal narrowing with suggestion of mild impingement of extraforaminal aspect of right L3 exiting nerve root. Per the 3/24/2014 records, the injured worker completed 6 physical therapy sessions which he stated helped him. He rated his pain as 7/10 and described his pain as sharp, throbbing, and intermittent. The pain was increased with prolonged sitting and walking. The lumbar spine examination noted tenderness in the right paraspinal muscles. Range of motion was limited by pain. The straight leg raising test was positive, bilaterally. Facet stress was positive on the right. The most recent records dated 8/1/2014 documents that the injured worker reported that his low back pain has been better since he started his physical therapy. However, he rated his pain as 7/10 and described it as intermittent and was increased with driving or prolonged sitting. The lumbar spine examination noted tenderness on the paraspinals (more on the right). Range of

motion was limited in all planes. Facet stress test and straight leg raising tests were positive on the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times per week for 4 weeks to lower back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (updated 07/03/14)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Physical Therapy PT

Decision rationale: According to evidence-based guidelines, for unspecified low back pain or backache, a total of 9 visits over 8 weeks are warranted given that the first 6 sessions provided significant decrease in pain levels as well as significant increase in functional activities. In this case, the injured worker verbalized that physical therapy was helping. However, he still rated his pain level as 7/10 which was a rating he provided prior to the six physical therapy sessions. Moreover, the records do not indicate any significant functional improvements/activities. In addition, the request exceeds the maximum number of sessions recommended by evidence-based guidelines. Based on these reasons, the medical necessity of the requested physical therapy 3 times per week for 4 weeks to the lower back is not established.