

Case Number:	CM14-0145616		
Date Assigned:	09/12/2014	Date of Injury:	08/01/2012
Decision Date:	10/14/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/08/2014

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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 74-year-old male who has submitted a claim for musculoligamentous sprain/strain of the lumbar spine with radicular component to the right associated with an industrial injury date of 08/01/2012. Medical records from 05/17/2014 to 08/26/2014 were reviewed and showed that patient complained of constant low back pain graded 8/10 with radiation down the right lower extremity. Physical examination revealed tenderness over bilateral paraspinal muscles, decreased lumbar ROM, weakness of right hip flexors, hypesthesia along right L4, L5, and S1 distribution, intact DTRs, and positive SLR on the right at 50 degrees. EMG/NCS of bilateral lower extremities dated 7/25/2014 revealed subacute-chronic bilateral L5-S1 radiculopathy. MRI of the lumbar spine dated 05/30/2014 revealed sub-acute/chronic Schmorl's nodes at the superior endplate T12, L1 with adjacent edema, multilevel spondylosis with severe central canal stenosis at T10-11, and multilevel neuroforaminal narrowing. Treatment to date has included unspecified visits of physical therapy (based on history of injury in the medical records dated 06/17/2014). Of note, there was no documentation of functional outcome from previous physical therapy sessions. Utilization review dated 09/04/2014 denied the request for Physical Therapy, 2 x 4, to the Lumbar Spine because there was no significant benefit from recent trial of 4 physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 2 x 4, to the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. In this case, the patient has completed unspecified visits of physical therapy. However, there was no documentation of functional outcome from previous physical therapy sessions. It is unclear as to why the patient cannot transition into HEP. Therefore, the request for Physical Therapy, 2 x 4, to the Lumbar Spine is not medically necessary.