

Case Number:	CM14-0160307		
Date Assigned:	10/03/2014	Date of Injury:	03/21/2013
Decision Date:	11/06/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/29/2014

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 Internal 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:

The injured worker is a 43-year-old male who reported an injury on 03/21/2013. The mechanism of injury is when he was bending down and pulling a cable. Diagnoses included right leg radiculopathy with mild weakness and sensory changes. Past treatments included 4 visits of physical therapy, epidural steroid injection, and medications. Diagnostic testing included an unofficial MRI of the lumbar spine completed on 06/17/2014, which reportedly revealed annular tear at L5-S1 and L4-5, narrowing at L5-S1 with abutment of the L5 nerve root, narrowing at L4-5 with abutment of the nerve root, and facet arthropathy at L4-5 and L5-S1. Pertinent surgical history was not provided. The clinical note dated 08/12/2014 indicated the injured worker complained of back pain radiating down the right lower extremity with numbness in the right buttocks and posterior thigh. The physical exam of the lumbar spine revealed decreased range of motion with flexion of 18 degrees and extension of 10 degrees. Right lower extremity motor strength in knee flexion was rated 4/5 and ankle dorsiflexion was rated trace out of 5. Current medications included Motrin, Norco, and Norflex 100 mg. The treatment plan included physical therapy 2 times a week for 3 weeks. The rationale for the treatment plan was not provided. The Request for Authorization form was completed on 08/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical/Physiotherapy two times a week for three weeks: Upheld

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

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

Decision rationale: The request for Physical/Physiotherapy two times a week for three weeks is not medically necessary. The California MTUS Guidelines recommend physical therapy for patients with radiculitis, to include 8 visits to 10 visits over 4 weeks. The clinical documentation provided indicated the injured worker complained of back pain radiating to the right lower extremity. The physical exam revealed decreased range of motion of the lumbar spine, and decreased motor strength in right knee flexion and right ankle dorsiflexion. The injured worker previously completed at least 4 visits of physical therapy, which clinical documentation indicated failed to provide long term symptomatic relief. It is unclear as to the exact number of physical therapy sessions previously completed, with documentation of pain relief and quantified values for improvement in motor strength and range of motion. Therefore, the treatment plan cannot be supported at this time. As such, the request for Physical/Physiotherapy two times a week for three weeks is not medically necessary.