

Case Number:	CM14-0183143		
Date Assigned:	11/10/2014	Date of Injury:	03/15/2002
Decision Date:	12/15/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/04/2014

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 Occupational 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 claimant was injured on 03/15/02. He was on top of a ladder and he fell. Physical therapy for 6 visits of the lumbar spine is under review. He reports pain in his left leg with neck and back pain. He was diagnosed with a low back strain and had radicular symptoms. He also had a cervicothoracic spine sprain with radiculopathy. He has had other medical problems, also. On 10/28/13, an office note indicates that he was status post 2 surgeries (2007 and 2010) on his low back. He had gained significant weight since his injury. He had some postop treatment but it is not described. On 01/14/14, he had an orthopedic follow-up. His pain was rated 6-7/10 and he had occasional headaches. He had tenderness of the low back with mildly decreased range of motion. On 03/25/14, he reported low back and bilateral foot pain at level 7/10. He had pain, numbness, and tingling in the lower extremities along with plantar fascial pain and heel pain daily. Lumbar spine range of motion had decreased. A neurosurgical spine consultation and podiatry consultation were requested. On 04/29/14, there is mention of him being engaged in a home exercise program. A CT scan was ordered on 05/01/14 along with a neurosurgical spine consultation. As of 05/27/14, he was doing a home exercise program. This was also noted on 06/30/14. A pain management consultation, PT for 6 visits to update his home exercise program for the lumbar spine and lower extremities and ankles were requested. On 07/28/14, electrodiagnostic studies (requested by the neurosurgeon), a weight loss program, pain management consultation for possible hardware block, and physical therapy authorizations were all pending.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x3, lumbar spine.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 130.

Decision rationale: The history and documentation do not objectively support the request for an additional 6 visits of PT for the low back and legs for an update of the claimant's exercise program. The MTUS state physical medicine treatment may be indicated for some chronic conditions and "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." The claimant has been described as being involved in a home exercise program but no problems with his program have been described. It is not clear why he needs an updated program at this time. In addition, there is no indication, since he has already been doing a home exercise program, why he would require 6 visits just to have the program updated. His exercise program has not been described, just that he is doing one. There is no clinical information that warrants additional PT for an extended period of time. The medical necessity of 6 visits of physical therapy for HEP instruction has not been clearly demonstrated.