

Case Number:	CM14-0184643		
Date Assigned:	11/12/2014	Date of Injury:	12/07/2009
Decision Date:	12/19/2014	UR Denial Date:	10/18/2014
Priority:	Standard	Application Received:	11/06/2014

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 Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 59 year old with an injury date on 12/7/09. Patient complains of chronic back pain, and a "flare-up of sciatica" that has moved from right leg to left leg, radiating down radial thigh to calf/ankle, and bilateral foot pain with cramping/numbness per 9/9/14 report. Based on the 10/1/14 progress report provided by the treating physician, the diagnoses are chronic back pain, facet joint dysfunction, radicular symptoms in the leg, synovial cyst, and L5 nerve root irritation. Exam on 10/1/14 showed "restricted range of motion of L-spine and positive straight leg raise on the left." Patient's treatment history includes medications and acupuncture. The treating physician is requesting 6 visits of physical therapy, 2 times per week for 3 weeks, for treatment of lumbar spine. The utilization review determination being challenged is dated 10/18/14 and modifies request to 5 visits of physical therapy (with 5 sessions of aquatic therapy). The requesting physician provided treatment reports from 12/11/13 to 10/1/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 visits of physical therapy, 2 times per week for 3 weeks for treatment of lumbar spine:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Chapter on Aquatic Therapy Page(s): 98, 99; 22.

Decision rationale: This patient presents with back pain, left leg pain, and bilateral foot pain. The treater has asked for 6 visits of physical therapy, 2 times per week for 3 weeks, for treatment of lumbar spine on 10/1/14, and the requesting PR-2 also includes a request for 6 sessions of aquatic therapy. Review of the reports does not show any evidence of physical therapy being done in the past. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. Regarding aquatic therapy, MTUS states: "Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." In this case, there is no record of recent therapy and a short course of treatment may be reasonable for the patient's recent flare-up of sciatica. However, the request for 6 land-based physical therapy treatments also includes a request for 6 aquatic therapy sessions. There is no documentation as why the patient would need decreased weight-bearing exercises. The patient is not extremely obese. Furthermore, the combined 12 sessions of therapy exceed what is allowed by MTUS for this type of condition. The request is not medically necessary.