

Case Number:	CM13-0060723		
Date Assigned:	12/30/2013	Date of Injury:	06/01/2009
Decision Date:	03/05/2015	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	12/03/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York
 Certification(s)/Specialty: Emergency Medicine

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 (IW) is a 50 year old male with a date of injury 6/1/2009. The mechanism of injury is not included in submitted materials. Diagnoses included lumbar degenerative disk disease, lumbar disk protrusions, and probably left S1 radiculopathy. Documentation supports an L5 fusion, however it is unclear when this procedure was completed. Past medical history includes diabetes, insomnia, anxiety and depression. A PR-2 dated 8/13/13 documents complaints of ongoing low back pain and numbness to his left leg. The IW is noted to use a cane. Physical examination revealed tenderness to para-lumbar musculature, decreased flexion and positive straight leg testing with a positive Kemp's test. There is a reported result of from an electromyogram study revealing left L5 radiculopathy, although the study report was not provided for review. Medication prescriptions included Fexmid, Norco, Ultram, Prilosec, Naproxen, Metformin, and Xanax. The IW remained temporarily totally disabled. Notation in this visit refers to request for continued physical therapy; however, there is no other supporting documentation for previous PT visits in the chart material. UR decision dated 10/28/2013 noncertified the request for physiotherapy. CA MTUS was cited in support of this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSIOTHERAPY 2XWK X6WKS LUMBAR: 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 Manual Therapy and Manipulation Page(s): 1, 58-60.

Decision rationale: CA MTUS chronic pain guidelines for manual therapy and manipulation are used in support of this decision. It is assumed this request is for ongoing physical therapy for a chronic condition. Documentation does not include the number of previous physical therapy treatments or any measure of functional improvement resulting from these treatments. Other conservative treatments with the exception of medications are not included in the chart materials. The IW remains TTD and previous pain medications were renewed without any mention of decreasing dosing or frequency. There is no documentation to assess activities of daily living. Guidelines do not recommend maintenance care. Additionally, guidelines support "fading of treatment frequency along with active self-directed home PT." There is no mention of a home PT program in the records. The request for PT is not medically necessary.