

Case Number:	CM14-0214742		
Date Assigned:	01/07/2015	Date of Injury:	11/04/2011
Decision Date:	02/28/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50 year old male with date of injury 11/9/11. The treating physician report dated 9/9/14 (20) indicates that the patient presents with pain affecting the low back and left knee. The patient complains of aching pain, and pins and needles to the left lower back. The patient further complains of pins and needles, and numbness to the posterior left knee. The physical examination findings reveal the range of motion of the lumbar spine is limited in all directions. The patient is limited in flexibility by pain, forward bending to the mid-shin level with fingers and knees in extension. Guarded muscles remain present in the lower lumbar, more left sided than right. Prior treatment history includes physical therapy. MRI findings reveal a mild straightening of the normal lumbar lordosis. There are small disc bulges at L3-4, and L5-S1 without spinal canal neural foraminal stenosis. Evidence of current medications was not found in the documents provided. The patient has been instructed to remain off work for the next two months. The current diagnosis is: 1. A chronic strain/sprain of the lumbar spine with intermittent left leg sciatica. Utilization review dated 12/08/14 denied physical therapy due to lack of documentation of benefit from the previous 6 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy: 2 times a week for 3 weeks (lumbar spine): 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 patient presents with pain affecting the low back and left knee. The current request is for physical therapy: 2 times a week for 3 weeks (lumbar spine). The treating physician report dated 9/9/14 (31) states, "The patient is instructed to continue his physical therapy program and indulge in squatting and lunges to strengthen his lower back muscles." The report goes on to state, "You must understand that six sessions, which is all of six hours in a physical therapy program, will not improve the patient's problems concerning a weak back without him participating on his own initiative in an extended home exercise program several hours a day." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. In this case, the patient has received 6 visits of physical therapy to date and the current request of 6 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, the patient has shown no initiative in establishing a home exercise program after 6 prior PT visits. Recommendation is for denial.