

Case Number:	CM13-0007157		
Date Assigned:	12/11/2013	Date of Injury:	04/26/2013
Decision Date:	01/21/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management 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 physician 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 male care assistant who has an original date of injury on April 26, 2013. The patient has undergone lumbar MRI shows a mild disc bulge at L3 through L5 as well as moderate facet hypertrophy. The injured worker has already undergone 20 sessions of physical therapy. A utilization review performed on July 29, 2013 denied the request for additional sessions of physical therapy, citing both MTUS and official disability guidelines. The rationale for this denial includes the lack of objective evidence "of reduce work restrictions, improve performance of activities of daily living, successful return to work, and/or reduction independent of medical treatment which might make case for additional therapy beyond the guideline." The most recent medical records available for review include primary treating physician's progress reports from November 25, 2013, October 14, 2013, and September 30, 2013. These notes indicate that the patient is participating in a home exercise program. The patient is noted to be 90% improved from previously in terms of low back pain. Range of motion of the lumbar spine demonstrates 75% of normal flexion and 50% of normal extension, but other movements are within normal limits. Paraspinal spasm is present. Tenderness is absent in the lumbar facet and spinous processes. The treatment plans include continuing home exercises.

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 4 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Low Back regarding Physical Therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines Code of regulations Page(s): 6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter on Low Back Pain, Guidelines for physical therapy

Decision rationale: It is noted that this patient has completed 20 sessions of active physical therapy thus far. The guidelines recommend for a total of 10 sessions of physical therapy for this patient's diagnoses of lumbosacral strain and facet syndrome. The most recent medical records available for review include primary treating physician's progress reports from November 25, 2013, October 14, 2013, and September 30, 2013. These notes indicate that the patient is participating in a home exercise program. The patient is noted to be 90% improved from previously in terms of low back pain. Range of motion of the lumbar spine demonstrates 75% of normal flexion and 50% of normal extension, but other movements are within normal limits. Paraspinal spasm is present. Tenderness is absent in the lumbar facet and spinous processes. The treatment plans include continuing home exercises. Given that there is no documentation of failure of home exercise program, and the patient appears to be making progress, the medical necessity of additional physical therapy is not demonstrated at this time.