

Case Number:	CM13-0009541		
Date Assigned:	06/06/2014	Date of Injury:	03/02/2011
Decision Date:	07/11/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/09/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 injured worker is a 45 year old female who reported an injury on 03/02/2011 due to a continuous trauma. The clinical note dated 07/10/2013 noted the injured worker returned feeling much better. The provider indicated physical therapy was significantly helping and a recommendation was made for continued physical therapy and participation in a home exercise program. The clinical note dated 01/08/2014 noted the injured worker presented with ongoing lower back and left leg pain with slight numbness to the left leg, as well as tingling. Upon physical examination lumbar spine extension was 10-20 degrees with pain, lateral bending was 10-20 degrees, and upon forward flexion the injured worker was able to reach mid-tibia with moderate pain. Motor strength was 5/5 bilaterally in all muscle groups. The injured worker had diagnoses including degeneration lumbar intervertebral disc, lumbar radiculopathy, numbness, paresthesias, and displacement of lumbar intervertebral disc without myelopathy. The injured worker's prior course of treatment included physical therapy, TENS (Transcutaneous Electrical Nerve Stimulation) unit, and chiropractic care. The provider's treatment plan included recommendations for Outpatient Physical Therapy two(2) times a week for six(6) weeks to lumbar spine and chiropractic care. The provider recommended continued physical therapy as the injured worker had significant benefit with therapy in the past. The request for authorization was not submitted within the provided medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED TWELVE (12) OUTPATIENT PHYSICAL THERAPY SESSIONS TO THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM- <https://www.acoempracguides.org/> Low Back, table 2, summary of Recommendations, Low Back Disorders.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The request for Outpatient Physical Therapy two (2) times a week for six (6) weeks to the Lumbar Spine is non-certified. The California Medical Treatment Utilization Schedule (MTUS) Guidelines note active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines recommend 8-10 sessions of physical therapy over 3 weeks. The provider indicated the injured worker had significant improvement with prior therapy and recommended continuing therapy. Upon physical examination lumbar spine extension was 10-20 degrees with pain, lateral bending was 10-20 degrees, and upon forward flexion the injured worker was able to reach mid-tibia with moderate pain. Motor strength was 5/5 bilaterally in all muscle groups. There is a lack of documentation indicating how many sessions of physical therapy the injured worker has completed to date. There is a lack of documentation demonstrating the efficacy of the prior treatment as evidenced by significant objective functional improvements over the course of physical therapy. The request for 12 sessions of physical therapy exceeds the guideline recommendations. As such, the request for continued twelve (12) outpatient physical therapy sessions to the lumbar spine is not medically necessary and appropriate.