

Case Number:	CM13-0022471		
Date Assigned:	10/11/2013	Date of Injury:	07/31/2009
Decision Date:	08/12/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/10/2013

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 and Rehabilitation 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 injured worker is a 56-year-old male who reported an injury on 07/31/2009. The mechanism of injury was bending and stooping. His diagnoses include lumbar disc displacement without myelopathy, pain in joint to the pelvis and thigh, and degenerative lumbar lumbosacral disease. His previous treatments include physical therapy, medications and injections. Per the clinical note dated 08/27/2013, the injured worker reported that he continued to have low back pain rated at a 4 minus 5/10 with medications. He described his pain as right-sided lower back pain that radiated to his right knee and described it as a shooting pain. He reported that his pain was aggravated with bending and prolonged sitting or lying down. He noted that heat and stretching does provide him with slight pain relief. The injured worker reported that he continued to utilize his medications on an as needed basis and they did provide him pain relieve and improved function. The physician reported the patient defers invasive procedures at this time and he wishes to continue with conservative treatment. The physician recommended physical therapy for further pain relief, strengthening and improvement of function. In the most recent clinic note dated 05/30/2014, the injured worker reported he continued to have low back pain rated at a 7/10. The physician reported that the injured worker remained symptomatic in the right side of his lower back with radiation into his right lower extremity that extended to his knee. The injured worker wishes to proceed with conservative treatment and the physician recommended further physical therapy. The request is for physical therapy two (2) times per week for six (6) weeks in treatment to the lumbar spine. The rationale for the request is for further pain relief, strengthening and improvement of function. The request for authorization was provided on 10/01/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Two Times Per Week For Six Weeks In Treatment to the Lumbar Spine:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Decision for physical therapy 2 times per week for 6 weeks in treatment to the lumbar spine is not medically necessary. The California MTUS Guidelines recommended allowing for fading treatment frequency from up to 3 visits per week to 1 or less. The guidelines recommend the patient's should participate in active self-directed home physical medicine programs. The guidelines recommend 9 to 10 sessions of physical therapy over 8 weeks for myalgia and myositis and 8 to 10 sessions of physical therapy over 4 weeks for neuralgia, neuritis and radiculitis. The documentation provided indicated that the injured worker had completed previous sessions of physical therapy; however, the documentation failed to provide evidence of measurable objective and functional gains made with the treatment. The request for 12 additional physical therapy sessions also exceeds the guidelines recommendation. As such, the request for physical therapy is not medically necessary.