

Case Number:	CM13-0027276		
Date Assigned:	03/19/2014	Date of Injury:	12/13/2012
Decision Date:	08/20/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	09/20/2013

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 & Rehab and is licensed to practice in Illinois. 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 39-year-old female who reported an injury on 12/13/2012. The mechanism of injury was not stated. Current diagnoses include lumbar disc protrusion, lumbar spine spondylosis, and bilateral lower extremity radiculitis. The latest Physician's Progress Report submitted for this review is documented on 05/13/2014. The injured worker presented with persistent lower back pain. It was noted that the injured worker has completed physical therapy and acupuncture treatment, and is engaged in a home exercise program. The injured worker was pending a neurosurgical spine consultation for consideration of a possible lumbar discectomy and fusion. Physical examination revealed limited range of motion of the lumbar spine, positive Kemp's testing, positive straight leg raising, 2+ deep tendon reflexes, and diminished strength in the lower extremities. Treatment recommendations at that time included a neurosurgical spine consultation, aquatic physical therapy, and continuation of the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSIOTHERAPY 2 X WEEK FOR 4 WEEKS FOR LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
PHYSICAL MEDICINE Page(s): 99.

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

Decision rationale: The California MTUS Guidelines state 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. While it is noted that the injured worker demonstrates limited range of motion with diminished strength in the lower extremities, it is also documented on the requesting date of 05/13/2014 that the patient has failed to respond to 24 sessions of physical therapy. Therefore, additional treatment cannot be determined as medically appropriate in this case. As such, the request for PHYSIOTHERAPY 2 X WEEK FOR 4 WEEKS FOR LUMBAR SPINE is non-certified.