

Case Number:	CM13-0028714		
Date Assigned:	12/11/2013	Date of Injury:	03/25/2012
Decision Date:	02/20/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	09/24/2013

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 Pain Management, has a subspecialty Certificate in Disability Evaluation, and is licensed to practice in California, Florida, Maryland, and the District of Columbia. 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 claimant is a 53-year-old, right-handed female who is employed as a berry/mora picker. On March 25, 2012, the claimant stated that she was working in the fields in the rain when she slipped in the mud and fell in a seated position with her legs open. She noted pain in her back. She reported the injury to her employer that day and was examined at [REDACTED]. She was prescribed pain medication. She was then referred for follow-up care at [REDACTED]. She was treated with medications and several sessions of physical therapy. A lumbar MRI was obtained on 4/24/12. She underwent a Qualified Medical Examination. The doctor sent her for neurodiagnostic studies. Medical records dated 05/08/12 list her diagnoses to be sprain/strain, lumbosacral region, and contusion, hip. The patient was referred at that time to a spine surgeon consultation and prescribed Omeprazole, Tramadol, and Relafen. Medical records dated 07/06/12 from the Qualified Medical Examiner indicate the patient had approximately 10-16 visits for physical therapy which, it is noted, did not provide any relief. It is documented that the patient underwent MRI on 04/24/12 as well as X-rays. She was not working at that time. The impression from the MRI is documented as, "Disc protrusion at every disc level from T12 through S1, most prominent at L5-S1 with 4 mm central disc protrusion. There is no spinal canal stenosis at any disc levels. There is mild right neural foraminal stenosis from L3-L4, L4-L5 and L5-S1 due to degenerative disc disease. There is mild facet arthropathy from L2-L3 through L4-L5." Diagnoses were documented to be lumbar spine disc herniations, facet arthropathy lumbar spine, and lumbar spine radiculopathy. The patient was determined to be temporarily partially disabled with work restrictions of no lifting greater than 25 lbs, no repetitive bending and stooping, and no prolonged walking or standing. The treatment recommendation at that time was

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 12: 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: CA-MTUS guidelines allow for fading of treatment (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Regarding the claimant, the physical therapy type and goals for the further physical therapy (PT) are stated to be active therapy, to address deconditioning. However, home exercise, such as a basic walking program, is not discussed. There is insufficient documentation indicating the patient is actively participating in a home exercise program. The cited CA-MTUS guidelines for Physical Medicine state: "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Therefore the request for Physical Therapy x 12 is not medically necessary.