

Case Number:	CM13-0031141		
Date Assigned:	01/03/2014	Date of Injury:	03/15/2013
Decision Date:	06/30/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/02/2013

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 & Rehabilitation, 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 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 32 year old male who reported an injury on 03/15/2013 due to a fall. The injured worker complained of symptoms progressively worsening and experiencing incapacitating back pain. Physical examination showed gait is slow and guarded. Lumbar range of motion was restricted and painful, decreased light touch in posterior calves bilaterally. Range of motion values documented on 06/06/2013 were lumbar flexion finger tips to patella positive back pain, lumbar extension 10% of normal, right lateral flexion 25% of normal, left lateral flexion 25 % of normal. Motor strength for hip flexors, quadriceps, tibialis anterior, extensor hallucis longus, ankle plantarflexors were 5/5. Diagnostic study of MRI revealed disc protrusions L3-L4, L4-L5 and L5-S1 with narrowing of thecal sac, bright signal posterior annulus posterior tear, facet arthritis, and ventral narrowing of the spinal canal. Electromyography and Nerve Conduction Study on 04/26/2013, the findings were normal. The injured worker has had physical therapy, just nine visits were documented in the records provided. Medications being taken as of 09/09/2013 progress note were Celebrex 200mg one daily. Treatment recommendations are for physical therapy two times per week for six weeks. Rationale for physical therapy two times per week for six weeks was not documented. The request for authorization has been submitted on 06/17/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES PER WEEK FOR 6 WEEKS FOR TREATMENT OF THE 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 Chronic Pain Medical Treatment Guidelines, Physical Medicine Page(s): 98-99.

Decision rationale: The request for physical therapy two times per week for six weeks is not medically necessary. The injured worker has nine documented visits of physical therapy in report submitted. Pain elevation and status was not documented clearly. The California Medical Treatment Utilization Schedule indicates for myalgia and myositis, unspecified 9-10 visits over eight weeks. Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. Medications given for pain were not documented with values of pain relief from the injured worker. There were no range of motion values measured after completing physical therapy. Therefore, the request is not medically necessary.