MAXIMUS Federal Services

Case Number:	CM13-0041696		
Date Assigned:	12/20/2013	Date of Injury:	09/12/2004
Decision Date:	08/01/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/30/2013

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 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 61-year-old with a reported date of injury on September 12, 2004. The mechanism of injury was not provided within the documentation available for review. The injured worker complained of neck pain radiating down to her left upper extremity and low back pain that radiates to the left lower extremity. The injured worker rated her pain at 6/10 with medications and 8/10 without medications. Physical examination of the lumbar spine revealed spasms, tenderness was noted upon palpation of spinal vertebral area L4-S1 levels. The range of motion of the lumbar spine was moderately limited secondary to pain. The MRI of the cervical spine dated May 12, 2012, revealed multilevel moderate annular prominence with associated foraminal compromise. The MRI of the lumbar spine dated May 12, 2012, revealed first degree spondylolisthesis with an element of the left lateral recess and proximal foraminal compromise at L4-5 and modest left lateral recess and proximal foraminal compromise at L5-S1. Within the clinical note dated February 12, 2014, the physician indicated the injured worker reported activities of daily living limitations in the following areas ambulation, hand function, and sleep. The injured worker's diagnoses included lumbar facet arthropathy, lumbar radiculopathy, and diabetes mellitus. The injured worker's medication regimen included naproxen, pantoprazole, tizanidine, and vitamin D. The Request for Authorization for physical therapy - lumbar was submitted on October 14, 2013. The rationale for the request was not provided within the documentation available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar spine: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines,recommend physical medicine as indicated. 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. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The Chronic Pain Medical Treatment Guidelines, recommend eight to ten visits of physical therapy over four weeks. There is a lack of documentation related to the injured worker's functional deficits to include range of motion values and degrees. In addition, the request as submitted failed to provide the frequency and number of sessions requested. Therefore the request for physical therapy for the lumbar spine is not medically necessary or appropriate.