

Case Number:	CM13-0041958		
Date Assigned:	01/15/2014	Date of Injury:	08/11/2011
Decision Date:	06/24/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/16/2013

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 Family Practice and is licensed to practice in Texas. 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 38-year-old male with a date of injury reported on August 11, 2011; the mechanism of injury was not provided. A clinical note dated September 16, 2013 noted that the injured worker had pain to the low back with radiation in the bilateral lower extremities. The injured worker received trigger point injections upon his last visit due to the severity of his pain and they essentially made his pain worse. Upon examination, the injured worker had tenderness to the lumbosacral spine from L4-S1, tenderness to the left and right paraspinal musculature, and tenderness to the mid spine. The range of motion was measured at 50 degrees flexion, 30 degrees extension, 30 degrees of bilateral rotation and 30 degrees of bilateral tilt. The injured worker had allodynia to the anterolateral aspect of the right thigh extending out from his greater trochanteric area down to his knees and then the calf, as well as to his left groin and left heel. The injured worker also had a positive straight leg raise at approximately 40 degrees on the right and a negative straight leg on the left. The treatment plan noted that physician was uncertain why the injured worker continued to worsen and that they were going to seek a second opinion. The injured worker's diagnoses include status post microdiscectomy and a laminectomy to the lumbosacral spine. A clinical note dated September 18, 2013 noted that the physician was requesting an authorization for 12 visits of physical therapy. The Request for Authorization form for physical therapy once a week for 12 weeks for the lumbar spine was not provided within the available documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY ONCE A WEEK FOR 12 WEEKS FOR THE LUMBAR SPINE:
Upheld

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

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

Decision rationale: The California MTUS Guidelines state that up to 10 visits of physical therapy may be recommended for the restoration of flexibility, strength, endurance, function, range of motion and to alleviate discomfort. The Guidelines also state that the use of active treatment modality versus passive treatments is associated with substantially better clinical outcomes. The medical necessity for physical therapy has not been established. The injured worker had already undergone multitudes of physical therapy since the procedure. There is a lack of quantifiable evidence that the injured worker received a therapeutic response from these sessions. Additionally, it remains unclear how many sessions the injured worker had received. Furthermore, the request exceeds the total number of recommended sessions needed to achieve a therapeutic response. As such, this request is not medically necessary.