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| Case Number: | CM13-0043624 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 04/14/2013 |
| Decision Date: | 05/23/2014 | UR Denial Date: | 10/07/2013 |
| Priority: | Standard | Application Received: | 10/24/2013 |

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 and Rehabilitation 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 56 year-old male who reported an injury on 04/14/2013 and the mechanism of injury was not provided in the medical records. The current diagnosis is lumbar strain/sprain. The clinical note from 09/05/2013 indicated that the injured worker came in for a follow-up visit for the pain located in the cervical and lumbar spine. The injured worker indicated that he had been taking Ultram and using bio-thermal topical cream as needed for pain, and he reported improvement in his pain level from 7/10 to 5-6/10 with use of the medications. The clinical note indicated that the injured worker had completed 7 sessions of physical therapy for the lumbar spine and it had been helping. On examination of the lumbar spine, there was limited range with tenderness and hypertonicity over the paraspinal muscles bilaterally. The Kemp's test was positive bilaterally and the patellar and Achilles reflexes were 1+ bilaterally. The treatment plan indicated that the injured worker was making progress with physical therapy and he was weaning himself down off of the medications. The physician noted that the injured worker had increased functional improvement with the therapy and the physician recommended 12 more sessions of therapy for his lumbar spine to include all modalities. However, the documentation provided failed to document if measurable objective functional gains made with the treatment. The current request is for additional physical therapy, lumbar spine 2x6 (12 sessions total) dated 10/30/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY, LUMBAR SPINE 2X6 (12 SESSIONS TOTAL):
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 2- Summary of Recommendations.

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

Decision rationale: The California MTUS Guidelines for Chronic Pain allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The recommended sessions for myalgia and myositis, unspecified (ICD9 729.1) is 9-10 visits over 8 weeks. The clinical notes reviewed indicated that the injured worker had completed 7 session of physical therapy with reported improvement. However, the documentation provided failed to provide measurable objective functional gains with the treatment. Also, the current request exceeds the recommended guidelines of 9-10 visits over eight weeks. Therefore, the request for additional physical therapy, lumbar spine 2x6 (12 sessions total) is not medically necessary.