

Case Number:	CM13-0043790		
Date Assigned:	12/27/2013	Date of Injury:	09/27/2012
Decision Date:	02/21/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	10/31/2013

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 Therapy and Rehabilitation, has a subspecialty in Pain Management, 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 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:

This is a male patient with a date of injury of September 27, 2012. A utilization review determination dated October 24, 2013 recommends noncertification for physical therapy of the lumbar spine. A progress report dated October 1, 2013 identifies subjective complaints of continued lower back pain radiating into the groin region bilaterally. Physical examination findings identify reduced range of motion of the lumbar spine as well as hypertonicity and tenderness noted over the paravertebral muscles. Straight leg raise is also noted to be positive. Diagnoses include lumbar spine sprain/strain with a history of herniated lumbar disc with radiculopathy. The treatment plan requests a sonogram to rule out an inguinal hernia, recommend continued use of a lumbosacral orthosis brace, and request authorization for physical therapy 2 times a week for 6 weeks for the lumbar spine for strength, increasing range of motion, and decreasing pain. A consultation report dated August 20, 2013 indicates that the patient underwent physical therapy in 2012 twice a week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the lumbar spine, twice per week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Section Page(s): 99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy Section.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. The ODG has more specific criteria for the ongoing use of physical therapy. The ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any objective functional improvement from the therapy already provided, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. Additionally, it appears there is some concern that the patient may have an inguinal hernia. Doing strength training in the presence of an inguinal hernia could potentially worsen the patient's condition. The request for physical therapy to the lumbar spine, twice per week for six weeks, is not medically necessary or appropriate.