

Case Number:	CM13-0045796		
Date Assigned:	12/27/2013	Date of Injury:	09/05/2013
Decision Date:	08/14/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/07/2013

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 52-year-old female who reported an injury on 09/05/2013. The mechanism of injury occurred while lifting a tray of food, she felt pain that radiated into her right lower extremity. The injured worker had a history of lumbar spine pain. Upon examination on 09/09/2013, the injured worker stated the pain was a 3/10 at rest and a 9/10 when bending and heavy lifting. The injured worker denied any prior injury to her low back. Symptoms were relieved when taking medication. The injured worker continued to have pain in the back that would shoot into the right leg and weakness with weight bearing of the left leg. The exam of the lumbar spine revealed tenderness to palpation of 2+ on the right paraspinals musculature. Range of motion was for flexion at 60 degrees slowly with slight discomfort, extension at 30 degrees slowly with minimal discomfort, right lateral bend at 20 degrees, left lateral bend at 20 degrees, right rotation at 20 degrees, and left rotation at 20 degrees. Straight leg raise sitting was negative on the left, and positive on the right at 60 degrees. Deep tendon reflexes of the knee (L2, L3, L4) the right was 1/4 and the left was 2/4. The ankle (L5-S1) was normal on left and right. The motor exam showed weakness to toe extension on the right. The injured worker had a diagnosis of radiculitis/neuritis, lumbar spine and strain to the lumbosacral. Medications included NSAIDs. Prior treatments were not provided.. Treatment plan was for medications, NSAIDs, TENS unit, and physical therapy. The Request for Authorization was dated 09/09/2013. The rationale for request was the patient was unable to sit or stand for any prolonged period and had weakness in the right leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY THREE TIMES A WEEK FOR THREE WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The request for physical therapy 3 times a week for 3 weeks is non-certified. The injured worker had a history of back pain. California Medical Treatment Utilization Schedule (MTUS) guidelines recommend up to 10 total visits for physical therapy. The request is for a total of 9 visits. The injured worker had received an unknown number of visits of physical therapy thus far. This request would exceed the guidelines recommendation. There needs to be objective documentation of functional improvement to continue receiving therapy. Also the request does not note which body part is to receive therapy. As such, the request for physical therapy 3 times a week for 3 weeks is not medically necessary.