

Case Number:	CM13-0048305		
Date Assigned:	12/27/2013	Date of Injury:	02/21/2012
Decision Date:	05/23/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	11/05/2013

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 Sports Medicine, 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 40-year-old male who reported an injury on 05/21/2012. The mechanism of injury was noted to be from a lifting incident. An unofficial MRI documented on 03/22/2013 noted that the MRI was done on 05/02/2012 with some bulging at L2-3 and retrolisthesis at L2-3. The clinical note dated 03/22/2013 listed Norco 10/325 for pain medication and the injured worker takes high blood pressure medication but reported that he didn't remember the name of the medication. Surgical history includes heart surgery for supraventricular tachycardia in 2010. The clinical note for 08/29/2013 had noted in the treatment plan an indication for the request for 6 additionally therapies to emphasize home program and core strengthening with physical therapy. The physical exam dated 03/22/2013 indicated on examination of the lumbar spine, the injured worker has fairly marked pain to palpation of the right L2-3 level bilaterally. The injured worker complained of constant pain the low back with prolonged sitting and occasional numbness in his legs. The examination noted that the range of motion was to be quite limited for the injured worker. Lateral bending, left and right, flexion, and extension were at 50%. The injured worker was only able to do half of a full squat without causing back pain. The discussion with the physician and the injured worker was the range of motion was quite poor, and that the injured worker had become quite deconditioned and gained weight since his injury. The injured worker was to start Norco 10/325 mg for pain relief and follow up in 1 month after completing therapy. The DWC form RFA with a date was not included in the documentation for the request of a decision for additional physical therapy sessions for the lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 ADDITIONAL PHYSICAL THERAPY SESSIONS FOR THE LOWER BACK: Upheld

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

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

Decision rationale: The request for the decision for 6 additional physical therapy sessions for the lower back is not medically necessary. The California MTUS Guidelines recommend active self-directed home physical therapy medicine with physical medicine combined for the best outcome. Guidelines recommend 9 to 10 visits over 8 weeks for myalgia and myositis, 8 to 10 visits over 4 weeks for any neuralgia, neuritis, and radiculitis; and 24 visits over 16 weeks for reflex sympathetic dystrophy. California MTUS Guidelines recommend allowing fading of treatment frequency, while continuing the active self-directed home physical medicine. The discussion with the physician and the injured worker was the range of motion was quite poor, and that the injured worker had become quite deconditioned and gained weight since his injury. However, objective measurements were not provided for review to support the necessity of formal therapy. The details regarding the injured worker's previous physical therapy treatment were not provided, including the number of visits, duration of treatment, and the objective functional gains obtained. Therefore, the request for the 6 additional physical therapy sessions for the lower back is not medically necessary.