

Case Number:	CM13-0050917		
Date Assigned:	12/27/2013	Date of Injury:	08/08/2012
Decision Date:	06/30/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/18/2013

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 & Rehabilitation 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 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 48 year old male who reported an injury on 08/08/2012 after stepping out of bed and hearing a popping sound. The injured worker had a history of left leg pain with cramps to the calf during the night. The physical examination reveals the injured worker was unable to sit on left buttocks and irritability with straight leg raise. Diagnosis includes left leg sciatica and lower back pain with radiculopathy. The physical therapy dated 10/12/2012 reveals a 4-/5 of strength to left lower extremity, functional ability can sit 30 minutes but not walk longer than 20 minutes. Physical therapy also consisting of; electric stimulation, cold laser therapy, and myofascial release with a total of 8 sessions. Request authorization form not provided in documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE LUMBAR SPINE (12 SESSIONS): Upheld

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

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

Decision rationale: The California guidelines indicate passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling pain, inflammation, and swelling and also improve the rate of healing soft tissue injuries. The California guidelines also indicate active therapy is on the philosophy that therapeutic exercise and/or activities are beneficial for restoring flexibility, strength, endurance, function, and range of motion also alleviate discomfort. Active therapy requires an integral effort by the individual to complete a specific task or exercise. This form of therapy may require supervision from a therapist or provider. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The California guidelines indicate 8-10 visits over 4 weeks for radiculitis or unspecified. The physical therapy documentation states the injured worker stated that he would not be returning; the injured worker was discharged at that time. The documentation did not provide conservative care, unable to determine if the injured worker made any progress from physical therapy. The California guidelines indicate 8-10 treatments over 4 weeks. The request is for physical therapy for the lumbar spine 12 sessions. The injured worker has already received 8 session, the addition 12 would exceed the total number of sessions indicated. Therefore, the request is not medically necessary.