

Case Number:	CM13-0053955		
Date Assigned:	07/02/2014	Date of Injury:	08/09/2013
Decision Date:	11/05/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/19/2013

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, 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 42-year-old male who reported an injury on 08/09/2013. The mechanism of injury reportedly occurred when he lifted a container that weighed approximately 50 pounds to 60 pounds in a twisting motion to dump the cement on the floor. His diagnoses were thoracic spine sprain/strain syndrome, lumbosacral spine sprain/strain syndrome, and moderate diffuse disc bulge at L3-4 with disc abutting the L4 nerve roots, mild to moderate disc bulge at L4-5 with mild to moderate narrowing of the left lateral recess abutting the L5 nerve root without clear compression and mild to moderate diffuse disc bulge at L5-S1. His past treatments included medication, lumbar support, a home massaging unit, and 6 sessions of chiropractic treatment. He had an MRI of the lumbar spine upon work injury. His surgical history was not specified. On 09/30/2013, the injured worker complained of ongoing mid back pain, which radiated in to his lumbar spine. He denied radiculopathy and indicated that his pain became moderate with sitting for approximately 30 minutes, bending at the waist, walking for 10 to 15 minutes, lifting approximately 10 pounds, pushing and pulling. The physical examination of the thoracic spine revealed tenderness over the thoracic paraspinal muscles, hypertonicity and spasm from T6-12 on the left. Palpation over the lumbar spine revealed tenderness at L4-5 and tenderness was noted over the facet joints at L4-5 and L5-S1 bilaterally. He had decreased range of motion to the lumbar spine and his patellar deep tendon reflexes were equal. Manual muscle strength testing revealed 5/5 strength in bilateral lower extremities. His medications were noted as cyclobenzaprine 5 mg, Etodolac 600 mg, omeprazole DR 20 mg and tramadol/acetaminophen HCL 37.5/325 mg. The treatment plan was for physical therapy 2 times a week for 4 weeks. The rationale for the request was to see if physical therapy could relieve his symptomatology

before undergoing another diagnostic study. The Request for Authorization form was submitted on 09/30/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 Times a Week For 4 Weeks: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines passive therapy can provide short term relief during the early phases of pain treatment. It can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. The guidelines indicate up to 10 visits over 8 weeks for myalgia and myositis. The injured worker reportedly sustained a lifting injury to his thoracic and lumbar spine. It was noted that he completed 6 sessions of chiropractic treatment, which provided him with temporary, partial improvement. Although the guidelines indicate up to 10 visits of physical therapy, the physical examination done on 09/30/2013 reveal normal muscle strength at 5/5 and decreased range of motion of the lumbar spine. It is unclear if the injured worker was participating in a home exercise program to help with the range of motion deficits in his lumbar spine. Also, there is insufficient documentation to suggest that the injured worker cannot accomplish his activities of daily living due to functional deficits. The request failed to provide which specific area of the body is requiring physical therapy. As such, the request for physical therapy 2 times a week for 4 weeks is not medically necessary.