

Case Number:	CM13-0055867		
Date Assigned:	02/24/2014	Date of Injury:	05/09/2013
Decision Date:	03/27/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/21/2013

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 Medicine and Rehabilitation, 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 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 46-year-old patient who reported an injury on 05/09/2013 and the mechanism of injury was the patient reportedly injured lower back after having slipped on a piece of cardboard, falling backwards, and landing on her buttocks resulting in fracturing her coccyx. Just following the accident, the patient reported radiating pain to buttock area and worsened with walking and sitting. On 11/05/2013, the patient presented reporting persistent worsening low back pain and tingling. Physical examination demonstrated lumbar tenderness, limited lumbar range of motion. Treatment to date has included activity modification, chiropractic care and physical therapy. The patient has completed 12 physical therapy sessions to date. The diagnosis is sprain of lumbosacral joint and ligament.

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 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 Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines state "Passive therapy provides short term relief during the early phases of pain treatment and active therapy is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. A home exercise program is recommended." The request for physical therapy for the lumbar spine two times a week for three weeks is non-certified. On May 20, 2013, the patient presented for chiropractic care and reported low back pain that was constant and rated 8/10. The patient reported medications prescribed alleviated the pain. The patient also reported that bending at the waist made the pain worse and described it as throbbing but denied radiation. The patient has a home exercise program and applies ice twice a day. Objectively: short right leg; Right Piliium; L5 PR; L4 PL; Sacral leg check positive for SAL; Hypertonic lumbar paraspinals; hypersensitive to any palpation of lumbar paraspinals and bilateral SI joints. The treatment plan was to continue chiropractic manipulative therapy, TENS (transcutaneous electrical nerve stimulation) unit and ice to lumbar for ten minutes, and also to continue home care consisting of stretches and heat at least three times a day. Although the Chronic Pain Medical Treatment Guidelines do recommend physical therapy, the patient has had twelve visits to date which would exceed the recommended total number of visits per guidelines. The request for physical therapy to the lumbar spine twice per week for three weeks is not medically necessary or appropriate.