

Case Number:	CM13-0059050		
Date Assigned:	12/30/2013	Date of Injury:	04/08/2013
Decision Date:	04/01/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/29/2013

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, has a subspecialty in Pain Management 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 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:

The patient is a 27 year old male who was injured on 04/08/2013. He sustained an injury to his low back after lifting bags. X-rays performed on 05/13/2013 revealed no significant abnormalities. Treatment history includes medications, physical therapy, and chiropractic treatment. PR-2 note dated 05/17/2013 documented the patient's pain rating at 6-9/10. Objective findings on exam documented he did not have antalgic gait and was within normal limits. He had no palpation to tenderness of the lumbar paraspinals, left. He had full range of motion and motor strength was 5/5 bilateral lower limbs. His sensation was within normal limits throughout bilateral limbs. Physiologic reflexes were 2+ throughout bilateral lower limbs with negative seated leg raise bilateral. He had negative Lasegue's bilateral and negative Patrick's/Faber's bilateral. PR-2 note date 07/03/2013 documented the patient to have rated his pain as 7/10. He had discontinued his PT and had begun Chiropractic treatment x1. He had no radicular symptoms and no b/b symptoms. He did have an antalgic gait. He had no palpation to tenderness of the lumbar paraspinals. He had full range of motion and motor strength was 5/5 bilateral lower limbs. Sensation was within normal limits. Physiologic reflexes were 2+ throughout bilateral lower limbs. His treatment plan consisted of medication management and cancellation of PT as per the patient. PR-2 note dated 09/12/2013 documented no change in low back pain. The interferential unit at home helped only momentarily. The patient had not started PT but wanted to start. Objective findings indicated increasing pain with ROM L/S. PR-2 note dated 12/19/2013 documented the patient had no change in symptoms since last visit. The patient stated PT and chiropractic therapy was helping. The patient stated he needed more pain meds.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for additional physical therapy 2 x week for 4 weeks for the lumbar spine:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Sections on Physical Medicine and Functional Improvement Page(s):.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Physical Medicine & Rehabilitation Guidelines, 3rd Edition, 2007 Chapter 41: Low Back Pain, pages 883-928.

Decision rationale: CA MTUS Guidelines indicate that physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines recommend 9-10 visits for myalgia and myositis and 8-10 visits for neuralgia, neuritis, and radiculitis. This patient continues to have low back pain despite previous trial of physical therapy treatment. It is unclear from the records review regarding the number of visits completed thus far. Also, there is no documentation of objective functional improvement with prior course of physical therapy treatment. A note dated 12/19/2013 indicates no change in symptoms since last visit but patient reported physical therapy and chiropractic therapy is helping. Based on lack of documentation showing improvement, the request is non-certified.