

Case Number:	CM13-0059959		
Date Assigned:	12/30/2013	Date of Injury:	05/22/2001
Decision Date:	04/25/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/02/2013

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 patient is a 51 year-old female who reported an injury on 05/22/2001. Review of the medical record reveals the patient's diagnoses include displacement of the lumbar intervertebral disc without myelopathy, ICD-9 code 722.10; and lumbago, ICD-9 code 724.2. The mechanism of injury information was not provided in the medical record. The requested service is for 6 physical therapy visits for back spasm. The most recent clinical note dated 10/17/2013 reveals the patient complained of pain which went across the back and into the left buttock. She describes the pain as sharp, burning, throbbing, and numbness. The patient rates the pain 8/10 or 9/10 and constant in nature. Her pain is aggravated by walking or moving, standing, and sitting for longer than 10 to 15 minutes. Objective findings upon examination revealed pain over the paraspinal muscles, more to the left piriformis region. The patient's gait pattern was normal, and heel and toe ambulation caused no increase in back pain. Range of motion of the lumbar spine was unrestricted and accomplished without the patient expressing any complaints of pain during the maneuvers. There was no evidence of radiating pain to the lower extremities on lumbar motion. Straight leg raising from the supine position is negative at 90 degrees bilaterally, and the patient had positive facet loading on the left and right. Palpation of the hips revealed no tender points, and there is no palpable crepitus or clicking noted. Hip joint motion was full and equal to the opposite normal side. Passive motion ranges were equal to active motion ranges as well. While there is mention of the patient having prior physical therapy, there is no documentation provided for that physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) PHYSICAL THERAPY VISITS FOR BACK SPASM: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: There is documentation in the medical record of the patient having significant complaints of pain. However, there are no significant objective findings upon examination of any type of functional deficits. Per California MTUS Guidelines, it is stated that active therapy is based on the philosophy that therapeutic exercise will be beneficial for restoring flexibility, strength, endurance, function, range of motion and alleviating discomfort. As there is no documentation provided in the most recent clinical note of any significant deficits with the patient's flexibility, strength, endurance, function, or range of motion, the medical necessity for the requested service cannot be determined at this time. Therefore, the request for 6 physical therapy sessions for back spasms is non-certified.