

Case Number:	CM13-0064422		
Date Assigned:	05/07/2014	Date of Injury:	11/05/2012
Decision Date:	06/12/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/11/2013

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, 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 34 year old female who reported an injury on 11/05/2012. The mechanism of injury was not provided. Per the 10/23/2013 clinical note, the injured worker reported low back pain that radiates down the right leg. Objective findings included tenderness to palpation at L3-5, lumbar flexion of 80-90 degrees, lumbar extension of 25 degrees, and positive straight leg raise bilaterally. Deep tendon reflexes and sensation in the upper and lower extremities were normal bilaterally. Motor strength of the upper and lower extremities was normal, with a possible weak right extensor hallucis longus. The injured worker's diagnoses included lumbosacral sprain/strain, lumbar disc syndrome without myelopathy, facet syndrome, and lumbosacral neuritis. Treatment to date included an epidural steroid injection, medications, and 10 sessions of physical therapy. An MRI of the lumbar spine performed 06/29/2013 showed no significant disc bulges. The provider recommends additional physical therapy sessions. The request for authorization form was submitted on 11/08/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE THORACIC/ LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (Acoem), 2nd Edition, (2004), pg108, ODG, P.T. Lumbar Sprains and strains.

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

Decision rationale: The request for physical therapy for the thoracic/lumbar spine is not medically necessary. The CA MTUS guidelines recommend 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis with the fading of treatment frequency, plus active self-directed home physical medicine. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The medical records provided indicate the injured worker had completed 10 sessions of physical therapy. She reported they provided some relief. In the 10/23/2013 treatment plan, the provider requested 10 additional therapy sessions. There is a lack of documentation regarding functional improvement and pain relief from the initial course of therapy. The medical necessity for an additional 10 sessions was not established. In addition, the submitted request does not specify the quantity or frequency of visits. As such, the request is not medically necessary.