

Case Number:	CM13-0070686		
Date Assigned:	01/03/2014	Date of Injury:	04/11/2013
Decision Date:	06/13/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/26/2013

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 Pain Medicine 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 patient is a 47 year old male who was injured on 04/11/2013 while retrieving a box on a pallet that was situated behind another box, when he felt the onset of pain in his low back. Prior treatment history has included following the injury the patient was sent for a course of physical therapy which improved his symptoms. One month later the pain recurred and he was restarted on physical therapy. PR-2 dated 08/30/2013 documented the patient states pain level has reduced 30%. The pain after four hours of work is 5/10. The patient has completed all 9 physical therapy sessions. His meds are Anaprox and Norflex. Objective findings on examination of the lumbar spine reveal normal ranges but there is pain graded 5/10 in all planes. Strength is 5/5 bilaterally. Sensation is grossly intact. DTRs 2/4 bilaterally and symmetric. Treatment Plan: The patient reports significant relief from physical therapy, but rates his overall improvement at 50% currently. Recommending continuing physical therapy another additional six sessions in order to reach MMI. PR-2 dated 12/04/2013 documented there is still no physical therapy authorization. The urine toxicology screen was clear. Objective findings on exam reveal a normal gait. Lumbar spine motion 75 degrees. Diagnosis: Lumbar strain/sprain Treatment Plan: Physical therapy for core strengthening.

IMR ISSUES, DECISIONS AND RATIONALES

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

CORE STRENGTHENING THERAPY TWO TIMES EIGHT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Physical Therapy

Decision rationale: The Chronic Pain Medical Treatment and ODG guidelines state active therapy can be beneficial at restoring flexibility, strength, endurance, function and range of motion. Further, the guidelines recommend transition from a passive treatment modality such as physical therapy program to a more active treatment program such as a home exercise program and education regarding injury prevention. The guidelines recommend a fading treatment frequency from 3 visits per week to 1 or less for 6 - 8 weeks followed by re-assessment. The medical records document the patient has completed 9 sessions of physical therapy with 50% improvement, but there is no documentation of a plan to transition to a more active home exercise program or education to avoid further injury. Further, the documents show no additional treatments, such as medications or other therapies that the patient has tried. Based on the MTUS and ODG guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.