

Case Number:	CM14-0003915		
Date Assigned:	01/31/2014	Date of Injury:	06/25/2013
Decision Date:	06/20/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/09/2014

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 Anesthesiology, 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 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 has submitted a claim for low back pain, associated with an industrial injury date of June 25, 2013. The treatment to date has included chiropractic treatment, physical therapy and medications. The medical records from 2013 through 2014 were reviewed; the latest of which was a progress report dated January 16, 2014, which showed that the patient complained of persistent low back pain with numbness radiating down her right leg to her right foot. Physical examination revealed positive test for Minor's sign. Palpation reveals myospasm of the L2-S1 paravertebral muscles. Digital pressure to these muscles, both sacroiliac joints, and the spinous processes of L2-S1, elicits a strong painful response from the patient. There was limited range of motion of the lumbar spine which was performed in a slow manner. Orthopedic testing reveals a positive straight leg raise test producing low back pain. Bilateral leg raising test was unable to be performed. Lumbosacral spine of MRI (magnetic resonance imaging) showed at L5/S1 a 2-3mm posterior disc bulge and at the L4/5 level a 2mm posterior disc bulge. A Utilization review from December 17, 2013 modified the request for outpatient physical therapy (PT) into six (6) sessions for the lumbar spine because the recommended clinical trial of 6 sessions of physical therapy is consistent with the current guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT PHYSICAL THERAPY (PT) EIGHT (8) SESSIONS TWO (2) TIMES PER WEEK FOR FOUR (4) WEEKS FOR THE LUMBAR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

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

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In addition, guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. In this case, patient already completed six sessions of physical therapy (PT). A progress report, dated 12/30/2013, cited that the PT program aggravated his low back complaints. The rationale given for the present request is to enhance core strength. However, there is no further discussion on how the previous PT program resulted to pain exacerbation, and what methods should be implemented to prevent its occurrence upon patient's re-enrollment to the program. The medical necessity has not been established at this time. Therefore, the request for outpatient physical therapy eight (8) sessions two (2) times per week for four (4) weeks for the lumbar is not medically necessary.