

Case Number:	CM14-0004400		
Date Assigned:	02/05/2014	Date of Injury:	03/21/2012
Decision Date:	06/30/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/13/2014

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 is a 34-year-old female who has submitted a claim for low back pain, associated with an industrial injury date of March 21, 2012. Medical records from 2013 through 2014 were reviewed. The latest progress report, dated 1/29/14, showed persistent low back pain with radiation to her right buttock and continued to her right leg. Physical examination of the lumbar spine revealed limited range of motion. There was tenderness at the lumbosacral junction, lumbar paraspinal muscles, sacroiliac joint, and bilateral sciatic nerve. Treatment to date has included physical therapy of the lumbar spine for three sessions since 5/21/12, TENS, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 X WEEKLY X 6 WEEKS, LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.24.2, Page(s): 98-99.

Decision rationale: According to pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, and range of motion. It can also 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 this case, a medical review, dated 1/15/14, revealed the patient had completed only three sessions of physical therapy of the lumbar spine due to non-compliance. The rationale for requesting additional therapy is to help alleviate the pain and promote restoration of complete function. However, there was no further discussion on functional outcomes derived from previous physical therapy. In addition, the compliance of the patient to physical therapy is questionable. As such, the request is not medically necessary.