

Case Number:	CM14-0005032		
Date Assigned:	02/05/2014	Date of Injury:	01/26/2009
Decision Date:	06/27/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/14/2014

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 Occupational 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 41-year-old male who has submitted a claim for low back pain, associated with an industrial injury date of January 26, 2009. Medical records from 2013 through 2014 were reviewed. The latest progress report, dated 12/04/2013, showed persistent low back pain. Physical examination of the lumbar spine revealed tenderness and spasm. There was limited range of motion of the lumbar spine with associated lower extremity weakness. Lumbar MRI, dated 01/16/2012, revealed disc bulge at L3-S1. Treatment to date has included unspecified number of physical therapy sessions to the lumbar spine, use of a TENS unit, and medications. Utilization review from 01/03/2014 denied the request for physical therapy twice a week for six weeks for the lumbar spine because there was no documentation of objective functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWICE A WEEK FOR 6 WEEKS FOR THE LUMBAR SPINE:

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 9792.24.2 Page(s): 98-99.

Decision rationale: According to the 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 this case, a progress report, dated 12/04/2013, cited participation in physical therapy several months ago and claimed to be helpful despite the persistent complaints of low back pain. The rationale for a course of physical therapy is to alleviate pain in a conservative option. However, there is no further discussion on functional outcomes or improvement derived from previous physical therapy. Therefore, the request for physical therapy twice a week for six weeks to the lumbar spine is not medically necessary and appropriate.