

Case Number:	CM14-0005426		
Date Assigned:	02/05/2014	Date of Injury:	08/06/1992
Decision Date:	06/20/2014	UR Denial Date:	12/30/2013
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 Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 55 year old female with a reported date of injury on 08/06/1992. The injury reportedly occurred when the worker slipped on a wet floor landing on her back. The injured worker complained of moderate dull achy pain at the paralumbar area bilaterally and denied radiating pain. An MRI was performed on 01/10/2011 revealing L4-L5 and L5-S1 annular 3mm disc protrusions. The MRI dated 04/09/2013 revealed L4-L5 2mm disc bulge and 3mm disc protrusion and L5-S1 2mm disc osteophyte. According to the clinical note dated 03/25/2013, the injured worker has a history of "failed" physical therapy. According to the physical therapy note dated 04/08/2013, the injured worker's strength was reported at bilateral hip flexion, extension and abduction at 4/5, bilateral knee flexion and extension at 5/5. The injured worker's medication regimen included Flexeril and Voltaren cream. The request for authorization for physical therapy 2x3 to lumbar spine was submitted on 01/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2X3 TO LUMBAR SPINE: 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 rationale: The California MTUS guidelines recommend physical therapy for low back. Therapeutic care is recommended at a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The California MTUS guidelines state that elective/maintenance care is not medically necessary, recurrences or flare-ups need to be reevaluated for treatment success. According to the clinical note dated 03/25/2013 the injured worker has a history of failed physical therapy. The clinical information provided for review stated the injured worker completed 16 sessions of physical therapy. According to the physical therapy note dated 04/16/2013, when questioned the injured worker stated she was "doing better", but was unable to describe the degree and in what way she was "doing better". There is a lack of documentation regarding increased functional ability and decreased pain related to physical therapy. Furthermore, there was a lack of documentation regarding new symptoms that would suggest further physical therapy. In addition, the injured worker has completed 16 sessions in 2013 and an unknown amount of sessions prior to 2013. The request for additional 6 sessions of physical therapy exceeds the recommended guidelines. Therefore, the request for physical therapy 2x3 to lumbar spine is not medically necessary.