

Case Number:	CM14-0007010		
Date Assigned:	02/07/2014	Date of Injury:	02/13/2013
Decision Date:	06/20/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/15/2014

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 & Rehabilitation, 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 32-year-old male who has submitted a claim for lumbago, and right lumbar sprain associated with an industrial injury date of February 13, 2013. The medical records from 2013-2014 were reviewed: showing patient having low back pain grade 3-4/10 radiating to the neck and is aggravated on bending over and prolonged sitting. Examination of the lumbar spine showed full active range of motion but with discomfort at end ranges in left para-lumbar muscles. MRI (magnetic resonance imaging) of the lumbar spine, dated 10/08/2013, showed no acute or chronic compression of lumbar vertebrae, no spondylolisthesis, 2mm central and paracentral disc protrusion at L5-S1 and L3-4, 1-2mm central and paracentral disc protrusions at L2-3 and L4-5, and mild left facet arthropathy at L5-S1. The treatment to date has included medications, H-wave machine, home exercise program, activity modification and physical therapy. A utilization review dated 1/6/2014 denied the request for additional outpatient physical therapy two times a week for 4 weeks for the low back/lumbar spine because the patient exceeded the recommended sessions by the CA MTUS guidelines. There is likewise no statement identifying why an independent home exercise program would be insufficient to address remaining functional benefits.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL OUTPATIENT PHYSICAL THERAPY, TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS, FOR THE LOW BACK/LUMBAR SPINE: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: As stated in the CA MTUS Chronic Pain Medical Treatment Guidelines, a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification based upon the patient's progress in meeting those goals is paramount. In this case, the patient underwent 16 sessions of physical therapy last February 2013. The patient was status quo until there was pain exacerbation in July 2013. The patient complained of back pain upon prolonged sitting, standing and heavy lifting. The documented rationale for re-enrollment in physical therapy is to promote a core-strengthening program. The medical necessity has been established. Therefore, the request for additional physical therapy, 2 times a week for 4 weeks, for the low back/lumbar spine is medically necessary.