

Case Number:	CM14-0007132		
Date Assigned:	04/07/2014	Date of Injury:	07/07/2011
Decision Date:	05/27/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/18/2014

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 an employee of [REDACTED] and has submitted a claim for pain in the right hip and low back, with an industrial injury date of July 7, 2011. Treatment to date has included physical therapy since July 2011, and the following medications: Tizanidine, Tramadol/APAP, Acetaminophen/Hydrocodone, Naproxen sodium, Omeprazole, and Tramadol. Medical records from 2013 were reviewed, the latest of which dated was December 10, 2013 shows that the patient complains of lower back pain radiating down both lower extremities to the feet as well as complaints of pain in the right hip, worse in ambulation. On examination of the lumbar spine, no noted skin abnormality, deformity or palpable spasm was noted. No tenderness was present. Range of motion allows for 70 degrees of flexion at the hips with forward reach to the mid-shin, extension of 20 degrees, and lateral bending of 30 degrees bilaterally. Straight leg raising causes lower back pain. Neurologic exam of the lower extremities is intact with regard to motor strength and sensation. Deep tendon reflexes are absent. Calf circumference is symmetrical at 19 1/2 inches.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR LUMBAR SPINE QTY: 6.00: 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 Page(s): 98-99.

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended under the condition that treatment regimens should be tapered and transitioned into a self-directed home program. In this case, there was no evidence of improving function, decreasing pain, and improving quality of life after the initial physical therapy. Also, patients are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The patient has not had any treatment after the initial session physical therapy in 2011. There is evidence of poor compliance. Therefore, the request is not medically necessary.