

Case Number:	CM14-0007446		
Date Assigned:	02/07/2014	Date of Injury:	05/24/2013
Decision Date:	06/23/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/16/2014

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 46-year-old male who reported an injury on 05/24/2013 due to an unknown mechanism. The clinical note dated 07/26/2013 indicated diagnoses of L5-S1 disc degeneration and acute lumbosacral strain. The injured worker reported lower back pain. He reported use of Lodine 2 to 3 times which helps alleviate his pain. He rated his pain level 8/10 prior to taking Lodine and 5/10 after taking Lodine. On physical exam of the lumbar spine there was tenderness to palpation across the belt line; the lumbar spine range of motion was limited with flexion beyond 30 degrees. The injured worker reported pain with rotation beyond 45 degrees bilaterally and with recovery from flexion. The injured worker completed 6 sessions of physical therapy with some benefit reported. The injured worker was able to return to work with restricted duties. The treatment plan included medication to include Lodine as stated in the discussion 1 to 3 tablets by mouth every day; however, the request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR SIX (6) WEEKS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE GUIDELINES, Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Physical Medicine, Page(s): 98.

Decision rationale: The request for physical therapy two (2) times a week for six (6) weeks for the lumbar spine is not medically necessary. The California MTUS guidelines recommend that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The injured worker has completed 6 sessions of physical therapy with benefit and should progress to a home exercise program where he can continue with stretching, endurance, and range of motion exercises. In addition, 12 additional sessions would exceed the guideline recommendations. Therefore, per California MTUS, the request for physical therapy two (2) times a week for six (6) weeks for the lumbar spine is not medically necessary.