

Case Number:	CM14-0009694		
Date Assigned:	02/21/2014	Date of Injury:	08/02/2008
Decision Date:	07/11/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/27/2014

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, 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 38-year-old female who has submitted a claim for lumbar radiculopathy associated with an industrial injury date of August 2, 2008. Medical records from April 2013 through December 2013 were reviewed, which showed that the patient complained of lower back pain and a stabbing pain in her left hip accompanied by some weakness in the left leg. Prolonged sitting, walking, or standing would aggravate the pain. Physical examination showed that heel dorsiflexion was slightly weak on the left compared to the right. There was limitation of lumbar spine range of motion. On palpation, muscle spasm was noted over the left paravertebral area. Treatment to date has included medications (including Voltaren XR), chiropractic treatment, steroid injections to L4-L5, a nerve block, lumbar spinal fusion, and an unknown number of physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 1 TIME A WEEK FOR 12 WEEKS TO TREAT LOW BACK:

Upheld

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

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

Decision rationale: According to pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, and range of motion. It can also 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 addition, guidelines allow for fading of treatment frequency from up to three visits per week to one or less with the addition of active self-directed home physical medicine. In this case, the patient has had several sessions of physical therapy dating from 2008 until September 2013. The patient has had adequate sessions of physical therapy and should now be well versed in self-directed home exercises. The medical necessity of this request has not been established.