

Case Number:	CM14-0100620		
Date Assigned:	07/30/2014	Date of Injury:	12/11/2013
Decision Date:	10/02/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/30/2014

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 injured worker is a 37-year-old male who reported an injury on 12/11/2013 due to moving furniture back into a room where carpet was just laid. Diagnoses were lumbar spine strain with radicular complaints and left foot fifth metatarsal fracture by history with residuals. Past treatment has been medications and physical therapy. Diagnostic study was an MRI of the lumbar spine. Surgical history was a hernia repair. Physical examination on 05/09/2014 revealed complaints of low back pain was not quite as bad. The injured worker reported that the low back pain was localized and lifting caused pain. Examination of the lumbosacral spine revealed increased tone and tenderness about the paralumbar musculature with tenderness at the midline thoracolumbar junction and over the level of the L5-S1 facets, right greater sciatic notch. There were muscle spasms. There was decreased sensation in the L2-3 and L3-4 dermatome, and some weakness of quadriceps strength 4+ on the left. It was reported that the injured worker had 8 sessions of physiotherapy which he found helpful. Medications were cyclobenzaprine 10 mg and tramadol 50 mg. Treatment plan was to continue medications as directed and request physical medicine procedure for 8 physical therapy visits. The rationale was not submitted. The Request for Authorization was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical medicine procedure (8 physical therapy visits, twice a week for four weeks to the lumbar spine): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009 Page(s): 98-99.

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

Decision rationale: The California Medical Treatment Utilization Schedule states physical medicine with passive therapy can provide short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling, and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis, 8 to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. In this case, it was not reported that the injured worker was participating in a home exercise program. The rationale for 8 more physical therapy visits was not submitted. Therefore, the request for physical medicine procedure (8 physical therapy visits, twice a week for four weeks to the lumbar spine) is not medically necessary and appropriate.