

Case Number:	CM14-0105527		
Date Assigned:	07/30/2014	Date of Injury:	10/05/2011
Decision Date:	09/29/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/08/2014

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 Illinois. 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 59 year old woman. She was injured Oct 5, 2011 through multiple orthopedic injuries while working at her computer engineering job. She complains of low back pain and has difficulty in prolonged sitting, standing, walking, climbing stairs, and traveling. An exam shows tightness and tenderness of the lumbosacral spine. The tenderness is felt more on the left side. The injured worker has limited forward flexion. She underwent 14 physical therapy sessions and noted increasing pain, tightness and stiffness in her back that radiates into her buttocks. Her diagnosis is lumbar disc displacement. A supplement to her second agreed medical evaluation in June of 2014 determined she could perform in the light physical demand level. The nerve conduction study/electromyogram showed sensory poly peripheral neuropathy and left chronic L5 denervation. Lumbar spine radiographs show L4-5 loss of lumbar spine motion segment integrity, multi-level degenerative disc and spondylitic changes in the lumbar spine, degenerative lumbar levoscoliosis curve. She has a 28% whole person impairment of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 4 weeks for Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical Medicine.

Decision rationale: The Medical Treatment Utilization Schedule supports physical medicine for back pain. Official Disability Guidelines for physical therapy allow for fading of treatment frequency (from up to 3 or more visits per week to 1 or less) plus active self-directed home physical therapy. 10 visits over 8 weeks are recommended for lumbar sprains and strains. This worker has had 14 sessions of physical therapy already, which exceeds the recommended amount. Indications for additional physical therapy sessions include an increase in functionality, making clinical progress and decreasing use of medications. None of these parameters have been made available. Therefore, the service is not medically necessary.