

Case Number:	CM14-0108338		
Date Assigned:	09/16/2014	Date of Injury:	03/04/2014
Decision Date:	11/28/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/11/2014

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 & Environmental Medicine, has a subspecialty in Public Health and is licensed to practice in Ohio & West Virginia. 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:

This individual is a 29 year old female with a 3-4-14 date of industrial injury. She sustained an injury to her cervical and lumbar spine at that time. She has ongoing complaints of anxiety and depression related to her injury in addition she reports 10/10 low back pain since the injury. She stated that the pain radiates to the left lower extremity with associated paresthesia. She also reported left hip pain that radiated to the left knee (subjective). The latest physical examination (4/21/14) in the available medical record notes a positive straight leg test on the right, tenderness to palpation over the trochanteric bursa, decreased calf sensation, and decreased strength in the lower extremities per exam. In April 2014 she was prescribed Ultracet 37.5/325mg every 4 to 6 hours, and a topical cream. She has reportedly been in physical therapy since the accident in March, which she has stated helps her pain, despite the 10/10 reported pain rating. The provided medical record for review was extremely limited with no MRI results, recent doctor evaluations, or physical therapy updates with objective results noted. This request is for physical therapy 18 additional visits for 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 18 units lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back- Lumbar & Thoracic (Acute & Chronic), Physical therapy

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a "six-visit clinical trial" of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. Medical records indicate that the individual has had physical therapy since her injury in March 2014. The very limited medical records do not include a definitive number of sessions. The individual still reports 10/10 pain despite the treatment, but stated that physical therapy helped with her pain. No objective improvement is noted in the medical record. It is also unclear as to why she cannot perform her physical therapy at home. As written, the request for 18 sessions of physical therapy is deemed not medically necessary.