

Case Number:	CM14-0108659		
Date Assigned:	09/16/2014	Date of Injury:	09/29/2010
Decision Date:	10/22/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	07/14/2014

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:

This injured worker is a 36-year-old female with a reported date of injury of September 29, 2010. Mechanism of injury reported is injury to back due to lifting a patient while performing the regular duties of her occupation. Diagnosis of lumbago. Primary treating physician progress report, dated May 8, 2014, indicates that injured worker complains of increased back discomfort. She rates her pain at five out of ten at this visit. She reports that with her medication she is able to shop for over an hour, whereas she is unable to do so without her medication. The average pain score is four out of ten and decreases to two out of ten with medications. Current medications include Norco 10/325, Ibuprofen 800mg, Robaxin, Biofreeze, Lyrica 75mg and Diclofenac 75mg. The treating physician recommends continued medications and requests eight sessions of physical therapy, two times a week for four weeks. The work status, as of this visit date, is reported as patient under Future Medical Benefits. Prior utilization review denied the request for Physical Therapy 2 x 4 weeks for Lumbar region on Jun 04, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 4 weeks for Lumbar region.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 10-12 and 15-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Physical Medicine

Decision rationale: As per California MTUS guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, and range of motion, and can alleviate discomfort. The guidelines recommend 9 visits over 8 weeks for intervertebral disc disorders without myelopathy, and 10 visits over 8 weeks for lumbar sprains and strains or lumbago/backache. The MTUS guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active, self-directed home Physical Medicine. In this case, the injury is 4 years old, and there is no record of prior physical therapy progress notes with documentation of any significant improvement in terms of objective measurements (i.e. pain level, range of motion, strength or function) to demonstrate the effectiveness of physical therapy for this injured worker. Furthermore, there is no mention of the patient utilizing a home exercise program (HEP). At this juncture, this patient should be well-versed in an independently-applied home exercise program with which to address residual complaints and maintain functional levels. There is no evidence of presentation of an acute or new injury with significant findings on examination to warrant any treatments. Additionally, the request for physiotherapy would exceed the guideline recommendations, due to unknown number of prior PT visits. Therefore, the request is considered not medically necessary or appropriate in accordance with the guidelines.