

Case Number:	CM14-0010961		
Date Assigned:	02/21/2014	Date of Injury:	05/22/2010
Decision Date:	06/30/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	01/28/2014

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 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 56-year-old female who has submitted a claim for lumbar strain associated with an industrial injury date of May 22, 2010. The patient complains of low back pain rated 7/10 with lower extremity symptoms, left greater than right. Physical examination showed marked spasm of the lumbar paraspinal musculature, left greater than right, and limitation of motion of the lumbar spine. Lower extremity neurologic evaluation demonstrated weakness of the bilateral feet at 4 to 4+/5; diminished sensation at L5 and S1 dermatomal distributions, left greater than right; and a positive left straight leg raise with pain radiating to foot at 35 degrees, and right for pain radiating to distal calf at 40 degrees. The diagnosis was low back pain, rule out intradiscal component and herniated nucleus pulposus. Additional physical therapy sessions were recommended. Treatment to date has included oral analgesics, home exercise, physical therapy and chiropractic therapy. Utilization review from January 20, 2014 denied the request for additional PT 3x4 for the lumbar spine due to insufficient information regarding the previous physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY 3 TIMES 4 FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN, PHYSICAL MEDICINE,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 2009, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Physical therapy (PT)

Decision rationale: Page 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification based upon the patient's progress in meeting those goals is paramount. Active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. ODG recommends a total of 9 visits over 8 weeks for lumbago or backache, unspecified with a six-visit clinical trial. In this case, the patient had received previous physical therapy sessions for the back. However, the patient's response to treatment was not discussed. There was no objective evidence of overall pain improvement and functional gains derived from the treatment. Given the duration of injury, it is unclear why patient is still not versed to home exercise program to address the residual deficits. Moreover, there were no recent reports of acute exacerbation or progression of symptoms that would warrant additional course of treatment. The medical necessity has not been established. Therefore, the request for **ADDITIONAL PHYSICAL THERAPY 3 TIMES 4 FOR THE LUMBAR SPINE** is not medically necessary.