

Case Number:	CM14-0011182		
Date Assigned:	02/21/2014	Date of Injury:	11/20/2012
Decision Date:	07/24/2014	UR Denial Date:	01/08/2014
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 53-year-old female who has submitted a claim for lumbar sprain/strain with an industrial injury date of 11/20/2012. Medical records from 07/12/2013 to 11/20/2013 were reviewed and showed that patient complained of low back pain graded 6-9/10 which was aggravated with prolonged standing/walking and driving. The pain was relieved with stretching and pain medications. Physical examination revealed tenderness of the lumbar paraspinal muscles. Bilateral Trendelenburg trunk lean with gait was noted. There was limited lumbar ROM with pain on extension. MMT of the lower extremities were intact except for left hip flexion (3+/5). DTR of the lower extremities was 2+ except for bilateral ankle reflexes (1+). Treatment to date has included physical therapy, chiropractic treatment, pain medications and home exercise program. Utilization review, dated 01/08/2014, denied the request for additional six visits of physical therapy two times a week for three weeks because the request will have exceeded the guidelines recommendations for lumbar strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADD PT 2X3, LUMBAR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, LOW BACK.

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

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical medicine 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 patient has completed unspecified numerous visits of physical therapy. There was no discussion addressing the need for additional physical therapy. Moreover, it was unclear as to why the patient cannot self-transition into HEP. Therefore, the request for **ADDITIONAL PHYSICAL THERAPY (PT) TWO (2) TIMES A WEEK FOR THREE (3) WEEKS FOR THE LUMBAR** is not medically necessary.