

Case Number:	CM14-0012381		
Date Assigned:	02/21/2014	Date of Injury:	10/29/2013
Decision Date:	07/08/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	01/30/2014

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:

The injured worker is a 57-year-old female with a reported date of injury of 10/29/2013. The injury reportedly occurred when she was emptying a mop bucket in the drain and the bucket slipped, and her back went one way and the bucket went the other and injured her back. Her diagnoses were noted to include lumbosacral sprain/strain. Her previous treatments were noted to include physical therapy and medications. The physical examination reported the injured worker walks without a limp, and she has a little bit of pain on light touch on the left and right paraspinal muscles. The range of motion performed on the lumbar spine revealed pain when the injured worker bent forward to the level of the mid-calf, the range of motion to the lumbar spine was lateral tilt was 20/20 degrees, and extension was to 10 degrees. Reflexes were equal to bilateral extremities, and pin prick was intact to the lower extremities. The motor examination was rated 5/5 and straight leg raising was 60 out of 60 degrees. The injured worker reported she has low back pain, left greater than right, and is increased with walking, sitting, and lying down, with occasional numbness and tingling to both legs, more on the left. The provider reported the injured worker has only gone to physical therapy 4 times. The request of authorization form dated 01/15/2014 was for physical therapy 3 times a week for 3 weeks due to lumbosacral strain/sprain for low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY THREE (3) TIMES THREE (3), NINE (9) SESSIONS; LOW BACK: Upheld

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

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

Decision rationale: The request for additional physical therapy 3 times 3, nine sessions, for the low back is non-certified. The injured worker has received 4 previous sessions of physical therapy. The California Pain Medical Treatment Guidelines recommend 9 to 10 visits over 8 weeks for myalgia and myositis. The documentation reported range of motion to the lumbar spine was forward bend to the level of the knees, and lateral tilt was to 20/20 degrees, extension was to 10 degrees, and motor strength was rated 5/5. There is a lack of documentation regarding quantifiable objective functional improvement from previous physical therapy sessions. The request is for 9 sessions of physical therapy, which exceeds the guidelines, since the injured worker has had previously 4 sessions. Therefore, despite current functional deficits and the absence of details regarding previous treatments, the request is not medically necessary and appropriate.