

Case Number:	CM14-0014887		
Date Assigned:	06/11/2014	Date of Injury:	11/19/2012
Decision Date:	07/07/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/05/2014

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 Preventative Medicine , has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 59-year-old female who sustained an injury to her low back on 11/19/12. She was making coffee for the office and lifted a large [REDACTED] bottle to place on top of the dispenser. The bottle started to fall and she scrambled to catch it, lost her balance and fell forward, injuring her low back. The injured worker admitted to having lumbar spine surgery approximately 15 years prior to treat the left lower extremity pain. It was her understanding that this was a fusion procedure, although she has been told that her imaging studies do not support this. Current medications included Norco, Naproxen, Omeprazole, Hydrochlorothiazide and Atorvastatin. MRI dated 03/01/13 revealed moderate to severe secondary central stenosis at L3-4 and L4-5 greater than L2-3; multilevel foraminal narrowing noted greater on the left L5-S1 level. Physical examination noted well-healed surgical scar in the lumbosacral region; no scoliosis; normal gait; tenderness and guarding in the lumbar paraspinal musculature; range of motion decreased secondary to pain; straight leg raise positive right; sensation decreased in the right lateral spine; no evidence of clonus or spasticity in the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3 TIMES A WEEK FOR 6 WEEKS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Physical therapy (PT).

Decision rationale: The request for physical therapy three times a week times six weeks is not medically necessary. The records indicate the injured worker has completed at least twelve physical therapy visits to date following the exacerbation. The Official Disability Guidelines (ODG) recommends up to tens visits over eight weeks for the diagnosed injury with allowing for fading of treatment frequency, from up to three or more visits per week to one or less, plus active children corrected home physical therapy. There was no information provided that would indicate the injured worker is actively participating in a home exercise program. There was no additional significant objective clinical information provided that would support the need to exceed the ODG recommendations, either in frequency or duration of physical therapy visits. Given the clinical documentation submitted for review, medical necessity of the request for physical therapy three times a week times six weeks has not been established.