

Case Number:	CM14-0014983		
Date Assigned:	02/28/2014	Date of Injury:	01/07/2013
Decision Date:	06/30/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/06/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 30-year-old male with an injury reported on 01/07/2013. The mechanism of injury was not provided within the clinical notes. The clinical note dated 08/21/2013 reported that the injured worker complained of low back pain. Upon physical examination, the injured worker had decreased range of motion in the lumbar spine due to pain. It was noted the injured worker had a positive straight leg raise bilaterally. An MRI of the lumbar spine obtained on 01/09/2013 revealed evidence of a large central/left paracentral disc herniation at the L4-5 level measuring 8 mm to 9 mm. The injured worker's prescribed medication list included Norco, Soma, and ibuprofen. The clinical note dated 12/03/2013, reported the injured worker stated he got relief for 4-6 hours after physical therapy. The clinical note dated 01/21/2014 noted the injured worker's motor, sensory, reflexes, and gait were all within normal limits. It was reported the injured worker benefited from physical therapy. The injured worker's diagnoses included lumbar disc herniation with low back pain. The provider requested 12 sessions of physical therapy for the lumbar spine. The provider's rationale for the request was not provided. The request for authorization was submitted on 02/06/2014. The injured worker's prior treatments included physical therapy, MRI, and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE LUMBAR SPINE, FOR A TOTAL OF 12 VISITS:

Upheld

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

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

Decision rationale: The injured worker complained of low back pain. It was noted that the injured worker has had previous physical therapy and medications. It was reported the injured worker has benefited from physical therapy. The California MTUS guidelines recognize active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The provider did not provide rationale for the request. It was noted the injured worker has benefited from physical therapy; however, there is a lack of therapy notes documenting the injured worker's progression and specific functional improvement. The guidelines recommend 8-10 sessions of physical therapy over 4 weeks. Within the provided documentation, an adequate and complete assessment of the injured worker's functional condition was not provided; there was a lack of documentation indicating the injured worker had significant functional deficits. There was a lack of documentation indicating how many sessions of physical therapy the injured worker has completed. The request for 12 sessions of physical therapy exceeds the guidelines recommended 8-10 visits over 4 weeks. In addition, the requesting provider did not specify the frequency of the physical therapy sessions being requested. Given the information provided, there is insufficient evidence to determine the appropriateness of continued therapy. Therefore, the request is not medically necessary.