

Case Number:	CM14-0015935		
Date Assigned:	06/04/2014	Date of Injury:	05/29/2012
Decision Date:	07/11/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/07/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota and 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 52-year-old female who reported an injury on 05/29/2012. The mechanism of injury was not provided. The injured worker was seen for an evaluation on 12/18/2013. The injured worker reported neck pain, mid back pain, low back pain, pain radiating to the leg with numbness and tingling and sleeping problems due to the pain. She stated the low back pain was constant and rated 5-6/10 with radiation into the left leg with numbness and tingling. She stated the pain was brought about by prolonged standing, lifting and bending. Dorsal lumbar range of motion demonstrated flexion to 75 out of 90 degrees, extension to 30 out of 30 degrees, and rotation to the right was 30 out of 30 degrees and to the left 30 out of 30 degrees, lateral right bending was 20 out of 20 degrees and left 20 out of 20 degrees with pain in all planes. The injured worker had normal heel and toe standing. Upon functional assessment, the injured worker could walk up 3 stories or flights of stairs and walk up to 2 hours, not continuous, but with stopping and resting. The injured worker now reported sleeping through the night and was able to sleep for 6 to 7 hours. The injured worker had diagnoses including lumbar sprain/strain and joint dysfunction and evaluate for lumbosacral neuritis/radiculitis. The treatment plan included manipulation, mobilization of soft tissue and joint, traction either manual or intermittent motorized mechanical traction, muscle stimulation, ultrasound, therapeutic exercise with either rehabilitation exercise and/or home strengthening and a hot and cold pack. It was noted that the injured worker was seen for 12 visits of physical therapy after left knee partial meniscectomy and chondroplasty on 10/31/2013. It was also noted that the injured worker had less symptomatology since the physical therapy and there was measurable functional improvement. The Request for Authorization was submitted on 01/22/2014. The provider's rationale for the requested physical therapy was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 ADDITIONAL PHYSICAL THERAPY SESSIONS FOR THE LUMBAR SPINE:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

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

Decision rationale: The request for six additional physical therapy sessions for the lumbar spine is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines indicate physical medicine to allow for fading of treatment frequency. The recommendations include active self-directed home medicine. The recommendations allow for 8 to 10 visits over 4 weeks. It is indicated in the documentation submitted for review that the injured worker has completed 12 visits of physical therapy to the left knee. Within the documentation it was not indicated how many sessions of physical therapy the injured worker has had to the lumbar spine as well as the efficacy of the prior therapy. The injured worker complained of low back pain rated 5-6/10 with radiating sensations into the leg with numbness and tingling. However, it is not indicated within the documentation what conservative care has been initiated for the low back pain. There is a lack of documentation within the current clinical documents to indicate any medications being taken for the low back pain. Range of motion values and the functional status of the injured worker do not significantly demonstrate functional deficits. Therefore, the request for six additional physical therapy sessions for the lumbar spine is not medical necessary.