

Case Number:	CM14-0016203		
Date Assigned:	04/14/2014	Date of Injury:	05/03/1994
Decision Date:	05/28/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/10/2014

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 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 53-year-old male who reported an injury on May 03, 1994. The documentation from January 28, 2014 revealed that the injured worker was moving slow and in a slow and labored manner due to the severity of back complaints. The range of motion was less than 20% of normal in all planes. The neurologic examination of the lower extremities revealed no motor weakness, sensory loss, or reflex asymmetry. Palpation of the lumbar spine and paraspinal musculature revealed no localized spasms. There was tenderness in the midline from L3 to the sacrum. The diagnosis included lumbosacral strain, status post lumbar laminectomy at L5 through S1 for report, and advanced degenerative disc disease. It was indicated that the injured worker was not having significant sciatic pain. The requested treatment was for a low back support and physical therapy as well as sleeping pills due to the pain. It was indicated the injured worker had not been provided recent physical therapy and was undergoing treatment to see if the symptoms would improve without a more invasive type of procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY THREE (3) TIMES PER WEEK FOUR (4) WEEKS, FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

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

Decision rationale: The California MTUS Guidelines indicate that physical medicine treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis. The clinical documentation submitted for review indicated that the injured worker had decreased range of motion. However, there was a lack of documentation of objective functional deficits to support the necessity for 12 sessions, which exceeds guideline recommendations. There is a lack of documentation indicating the quantity of sessions the injured worker had previously attended. There was a lack of documentation of objective functional benefit that was received from prior physical therapy sessions and remaining objective functional deficits to support the necessity for ongoing treatment. The injured worker should be well versed in a home exercise program as the date of injury was in 1994. Given the above, the request for urgent physical therapy 3 times a week times 4 weeks for the lumbar spine is not medically necessary.