

Case Number:	CM14-0018605		
Date Assigned:	07/09/2014	Date of Injury:	04/01/2013
Decision Date:	08/07/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/13/2014

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 Texas and Oklahoma. 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 male who reported an injury on 04/01/2013. The injured worker reported was when the injured worker opened the door to a trailer and felt a pain in his low back. The diagnosis included lumbar disc displacement without myelopathy. Previous treatments include medication, MRI, EMG, physical therapy, and nerve root blocks. In the clinical note dated 01/23/2014, it was reported the injured worker complained of low back and left lower extremity pain. He reported having low back pain that radiated down his left lower extremity down to the heel of his foot. He reported having no relief from the lumbar epidural steroid injection. He rated his pain 7/10 in severity. On the physical examination, the provider noted the injured worker had spasms and guarding to the lumbar spine. The provider requested for 12 additional physical therapy sessions. A rationale was not provided for clinical review. The Request for Authorization was submitted and dated on 01/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions physical therapy to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, low back, physical therapy.

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

Decision rationale: The request for 12 sessions of physical therapy to the lumbar spine is not medically necessary. The injured worker complained of low back and left lower extremity pain. He rated his pain 7/10 in severity. The injured worker reported having low back pain that radiated down the left lower extremity down to the heel of his foot. The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion. The guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. The guidelines note for neuralgia and myalgia, 8 to 10 visits of physical therapy are recommended. The provider failed to document an adequate and complete physical examination demonstrating the injured worker had decreased functional ability, decreased range of motion, and decreased strength or flexibility. The clinical documentation submitted indicated the injured worker previously has undergone physical therapy. However, there is a lack of documentation indicating frequency and duration, as well as the efficacy of the therapy. Additionally, the request for 12 sessions of physical therapy exceeds the guideline recommendations of 8 to 10. Therefore, the request for 12 sessions of physical therapy for the lumbar spine is not medically necessary.