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| Case Number: | CM14-0019750 | | |
| Date Assigned: | 04/28/2014 | Date of Injury: | 06/21/2010 |
| Decision Date: | 07/08/2014 | UR Denial Date: | 02/03/2014 |
| Priority: | Standard | Application Received: | 02/18/2014 |

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 61 year old male who reported an injury on 06/21/2010. The mechanism of injury was unclear in the documentation provided. The clinical note dated 01/17/2014 reported the injured worker complained of low back pain rated 5/10 which radiated to right leg. The injured worker also complained of weakness. The injured worker had completed 9 sessions of physical therapy. The physical exam noted decreased range of motion to the lumbar spine with tenderness to palpation. The injured worker had diagnoses of lumbosacral degenerative disc disease, disc protrusion, stenosis, and radiculopathy. The physician recommended the injured worker to proceed with pain management. The physician requested physical therapy 3X4 for lumbar spine. The request for authorization was not provided in the clinical documentation submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3X4 FOR LUMBAR: 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 Therapy Page(s): 98-99.

Decision rationale: The injured worker complained of low back pain rated 5/10 which radiated to right leg. The injured worker also complained of weakness. The California MTUS guidelines recommend physical therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms. The guidelines also note injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines recommend treatment for myalgia and neuralgia 8-10 visits. There is a lack of documentation to support the medical necessity of the request for physical therapy. The injured worker had 9 visits of physical therapy with a lack of documentation indicating the efficacy of the treatment. In addition, the request for 12 visits exceeds the guideline recommendations of 8-10 visits. Therefore, the request for physical therapy 3X4 for lumbar is not medically necessary and appropriate.