

Case Number:	CM14-0110123		
Date Assigned:	08/01/2014	Date of Injury:	04/20/2010
Decision Date:	10/08/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/15/2014

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 Neuromuscular Medicine, and is licensed to practice in Maryland. 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 patient is a 52 year old female with a work injury dated 4/24/10. The diagnoses include low back pain, lumbar disc displacement and lumbar radiculopathy. Under consideration is a request for physical therapy 2 times per week for 6 weeks to the lumbar spine. There is a primary treating physician report dated 4/25/14 that states that the patient has chronic low back pain which radiates to the right lower extremity causing mild weakness tingling, and numbness. On exam the patient walks on the heels with difficulty, due to pain. Paraspinal spasm is 2+ tenderness to palpation. On the right atrophy is present in the quadriceps. On forward flexion the patient is able to reach to the knees. Lateral bending to the right is 0-10 degrees, to the left is 20-30 degrees, with pain. Extension measures 10 degrees. Right resisted rotation is diminished. Left resisted rotation is diminished. Straight leg raising is positive, at 40 degrees, on the right. ROM of the spine is limited secondary to pain. Lower extremity deep tendon reflexes are absent at the ankle. Sensation to light touch is decreased on the right, in left lateral thigh, in the lateral calf, in the dorsal foot. Motor strength of the lower extremities measures 5/5 all groups bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times per week for 6 weeks to the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine.

Decision rationale: Physical Therapy 2 times per week for 6 weeks to the lumbar spine is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS guidelines recommend up to 10 visits for the condition. The documentation indicates that the patient has had prior therapy for her back. There is no documentation on the outcome or amount of therapy she has had for her back. The request exceeds guideline recommendations. Without clear indication of how much therapy and the efficacy of prior therapy additional physical therapy cannot be certified. Therefore, the request for physical therapy 2 times per week for 6 weeks is not medically necessary.