

Case Number:	CM14-0110314		
Date Assigned:	08/01/2014	Date of Injury:	10/13/2013
Decision Date:	10/16/2014	UR Denial Date:	06/24/2014
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 and is licensed to practice in Texas. 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 73 year old female who sustained injury to her low back on 10/13/13 as a stocker; she lifted heavy product in sporting goods (trampolines, gym equipment, etc.) and hurt her low back. The injured worker was taken to the clinic where she was treated conservatively. Plain radiographs of the lumbar spine dated 01/06/14 revealed multilevel discogenic disease; Spina Bifida at S1. Magnetic resonance imaging of the lumbar spine without contrast dated 05/25/14 revealed 1.3 x1.7mm hemangioma in the vertebral body of T11 and minimal disc bulging at L3-4. A clinical note dated 06/10/14 reported that the injured worker was reevaluated for complaints of low back and stiffness. The physical examination noted palpable muscle spasms in the lumbosacral spine; continued tenderness/swelling; positive straight leg raise. The injured worker was diagnosed with lumbosacral spine strain and muscle spasm. She was recommended for six visits physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions Physical Therapy for low back (3x for 2 weeks): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Physical therapy (PT)

Decision rationale: The request for six visits physical therapy for the low back (three times a week times two weeks) is not medically necessary. Previous request was denied on the basis that the nurse case manager summary indicates that on 06/17/14 the injured worker was authorized for six physical therapy visits. There was no rationale for request for additional therapy at this time. The injured worker should complete the previously authorized six treatments prior to certifying an additional treatment. Therefore, the request was not deemed as medically appropriate. There was no mention that a surgical intervention had been performed. The Official Disability Guidelines recommend up to 10 visits over eight weeks for the diagnosed injury with allowing for fading of treatment frequency (from up to three visits per week to one or less), plus active self-directed home physical therapy. There was no indication that the injured worker was actively participating in a home exercise program. There was no additional significant objective clinical information provided that would support the need to exceed the Official Disability Guidelines recommendations, either in frequency or duration of physical therapy visits. Given this, the request for six visits physical therapy for the low back (three times a week times two weeks) is not indicated as medically necessary.