

Case Number:	CM14-0116213		
Date Assigned:	10/16/2014	Date of Injury:	06/21/2003
Decision Date:	12/04/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/23/2014

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 52 year old male who reported an injury on 06/20/2003 due to a fall from 3-4 feet. His diagnoses included post lumbar laminectomy syndrome, lumbar disc disorder, sacroiliac pain, lumbosacral spondylosis, lumbar disc displacement, and lumbar disc degeneration. Past treatments included home exercise, medication, psychotherapy, physical therapy, and spinal cord stimulator. His surgical history included a L4-S1 lumbar fusion. On 09/24/2014, the injured worker complained of low back pain rated 5/10 with medications and 8/10 without medications that radiated down both legs. The physical examination revealed his lumbar range of motion demonstrated flexion at 40 degrees and extension at 0 degrees. The injured worker was noted to have normal motor strength. His medications included MSContin 30mg three times a day, Tizanidine 2mg at bedtime, and Paxil 40mg daily. The treatment plan included a chiropractic consultation, continue home exercise program, continue spinal cord stimulator neuropathic leg symptoms and continue physical therapy pending appeal. A request was received for physical therapy 8 treatments to the lumbar spine, a rationale was not provided. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy - 8 treatments to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Treatments and Modalities, Behavioral.

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

Decision rationale: The request for physical therapy 8 treatments to the lumbar spine is not medically necessary. The California MTUS guidelines note active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines recommend allowing for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. According to guidelines, 9-10 physical medicine visits are recommended for the treatment of myalgia and myositis. The injured worker was noted to be status post lumbar fusion on 10/26/2010. The documentation noted the injured worker has completed physical therapy and recommended continuation of home exercises. However, the documentation did not indicate how many sessions of physical therapy the injured worker has completed. There is a lack of documentation indicating the injured worker had significant objective functional improvement with the prior sessions of physical therapy. Based on the documentation indicating the injured worker had already "completed physical therapy" and the lack of evidence of objective measurable findings to warrant additional visits, the request is not supported by the guidelines. As such, the request for physical therapy 8 treatments to the lumbar spine is not medically necessary.