

Case Number:	CM14-0120812		
Date Assigned:	09/16/2014	Date of Injury:	03/04/2013
Decision Date:	10/23/2014	UR Denial Date:	07/19/2014
Priority:	Standard	Application Received:	07/30/2014

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 40 year old male who was injured on March 4, 2013 due to a motor vehicle accident. The mechanism of injury was being rear ended. The diagnoses listed as degeneration of lumbar or lumbosacral intervertebral disc (722.52). The most recent progress note dated 4/16/14, reveals complaints of severe low back pain with no radiation to the bilateral lower extremities. Physical examination reveals Prior treatment includes medications and physical therapy which provided minimal relief, lumbar epidural steroid injection (ESI) which reportedly provided benefit. Physical examination revealed full range of motion (ROM) without pain and his motor strength was normal in the lower bilateral extremities. A progress note date 5/14/14 revealed complaints of moderate to severe low back pain with hot flashes down his legs. The physical examination findings include normal motor strength in the lower extremities and mildly decreased and painful ROM of the lumbar spine. A prior utilization review determination dated 7/19/14, resulted in denial of physical medicine procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Medicine Procedure: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back

Decision rationale: As per CA MTUS guidelines, physical medicine 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 9 visits over 8 weeks intervertebral disc disorders without myelopathy, 10 visits over 8 weeks for Lumbar sprains and strains, or Lumbago / Backache. CA MTUS - Physical Medicine; Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case, the IW has previously received unknown number of physical therapy visits. However there is no record of progress notes with documentation of any significant improvement in the objective measurements (i.e. pain level, range of motion, strength or function) to demonstrate the effectiveness of physical therapy in this injured worker. Furthermore, there is no mention of the patient utilizing an HEP (At this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels). There is no evidence of presentation of an acute or new injury with significant findings on examination to warrant any treatments. Additionally, the request for physiotherapy would exceed the guidelines recommendation. Therefore, the request is not medically necessary.