

Case Number:	CM14-0123822		
Date Assigned:	08/08/2014	Date of Injury:	10/15/2012
Decision Date:	09/15/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/05/2014

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 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 34-year-old male who reported an injury due to heavy lifting while twisting on 10/15/2012. On 04/30/2014, his diagnoses included lumbar disc protrusion, lumbar stenosis, and lumbar radiculitis. His complaints were continuing and increasing lower back pain and soreness with no radiating pain to the lower extremities. It was difficult for him to stand or sit for any length of time. The treatment plan included continuing his current medications and his home exercise/stretching program. A physical therapy progress note on 03/11/2014 noted that it was his 12th physical therapy session. He was receiving physical therapy 2 times a week. He was status post L3 through S1 laminectomy and discectomy on 11/06/2013. The worker reported overall improvement with the physical therapy program, stating that his back was not as sore or stiff as it had previously been. He was able to sit, stand, and walk for longer durations with less pain or discomfort than he had previously noted. The treatment plan included extending the physical therapy 2 times a week for 3 weeks. There was no rationale or request for authorization included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x3 w/modalities-Low back: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The request for Physical Therapy 2x3 w/modalities-Low back is not medically necessary. California MTUS Guidelines recommend passive therapy for short-term relief during the early phases of pain treatment to reduce inflammation and swelling. Active therapy is indicated for restoring flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. Patients are expected to continue active therapies at home. The physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. The recommended schedule for radiculitis is 8 to 10 visits over 4 weeks. This worker had already completed 12 sessions of physical therapy and was involved in a home exercise program. This request exceeds the recommendations in the guidelines of 8 to 10 visits. The clinical information submitted failed to meet the evidence based guidelines for physical therapy therefore, this request for Physical Therapy 2x3 w/modalities-Low back is not medically necessary.