

Case Number:	CM14-0123984		
Date Assigned:	08/08/2014	Date of Injury:	07/14/1995
Decision Date:	09/11/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/06/2014

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 56-year-old-male, who sustained an industrial injury on 07/14/95. There is no information available regarding the mechanism of injury. PR-2 dated: 7/25/14, indicates the patient continues to have severe pain in the lumbar spine with limited movements. Lumbar spine patient continues to have pain and tenderness to palpation. There is limited Range of Motion, pain level increases with ADL. Patient is recommended for pain management consult for possible epidurals. He is recommended for physical therapy 2 times per week for 6 wks. PR-2 requesting for authorization form dated: 7/28/14 requesting the patient to start physical therapy, Gabapentin, Norco, Flexeril, and pain management consult. Diagnoses: Thoracolumbosacral nurlitis/radiculitis - unspecified. UR determination for twelve (12) physical therapy sessions for the lumbar spine (lower back) two (2) times a week for six(6) weeks, as an outpatient: Is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Physical Therapy sessions for the Lumbar Spine (lower back), two (2) times a week for six (6) weeks, as an outpatient: 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 Page(s): 98. 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 clinical information is very limited and there is no record of prior physical therapy 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. Therefore, the request is considered not medically necessary or appropriate in accordance with the guidelines.