

Case Number:	CM14-0124622		
Date Assigned:	08/08/2014	Date of Injury:	06/04/2003
Decision Date:	11/28/2014	UR Denial Date:	07/07/2014
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 51 year old female with a date of injury on 6/4/2003. As per 6/25/14 report, she presented with complaints of low back pain, rated at 5/10. On examination, there was tenderness, spasm, and decreased range of motion of the lumbar spine. Magnetic resonance imaging scan of the lumbar spine dated 4/14/12 revealed L5-S1 a 4 mm broad-based posterior disk/endplate osteophyte complex indenting the anterior aspect of the thecal sac and causing pressure over both S1 nerve roots and encroaching into both neural foramina and moderately significant narrowing of both neural foramina. The x-ray of the lumbar spine (unknown date) documented fusion at L5-S1. She is status post anterior lumbar interbody fusion at L5-S1 on 09/03/13. Her current medications were not documented. As per the utilization review notes she completed 12 physical therapy visits as of 4/14/14. There was no other documentation regarding the objective functional benefit of physical therapy. Her diagnoses include lumbar spondylosis with spinal stenosis, chronic discogenic back pain, and lower extremity radiculopathy. The request for physical therapy for lumbar spine three visits per week for four weeks, 12 visits was denied on 7/7/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve physical therapy three visit per week for four weeks.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines> Physical Medicine Guide. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back For Lumbar Sprains and Strains

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Physical Medicine Treatment

Decision rationale: As per Chronic Pain Medical Treatment 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. Official disability guidelines recommend 9 physical therapy visits over 8 weeks for intervertebral disc disorders without myelopathy and 24 visits over 16 weeks for post-surgical (fusion) physical therapy. In this case, the injured worker has received 12 physical therapy visits in 2014 and unknown number of physical therapy in the past and following back surgery. However, there is little to no documentation of any significant improvement in the objective measurements (i.e. pain level "visual analog scale", range of motion, strength or function) with physical therapy to demonstrate the effectiveness of this treatment. There is no evidence of presentation of any new injury / surgical intervention to warrant additional physical therapy. Nonetheless, there is no mention of the worker utilizing a home exercise program. At this juncture, this worker should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels. Moreover, additional physical therapy visits would exceed the guidelines criteria. Therefore, the request is considered not medically necessary or appropriate in accordance with the guideline.