

Case Number:	CM14-0129574		
Date Assigned:	08/20/2014	Date of Injury:	04/22/2013
Decision Date:	09/25/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/14/2014

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 Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 04/22/2013. The mechanism of injury was due to a slip and fall. The diagnoses included lumbar degenerative disk disease without radiculopathy and myofascial pain. The previous treatments included medication, physical therapy, TENS unit, exercise program, nerve blocks, chiropractic therapy. In the clinical note dated 05/08/2014, it was reported the injured worker complained of pain in his low back and neck. The injured worker reported no change in his condition with pain with previous conservative treatments. He rated his pain 7/10 to 9/10 in severity. The injured worker described the pain as aching, shooting, hot, and electrical, pins and needles and ants crawling. Upon the physical examination the provider noted the injured worker had restricted range of motion. The worker had marked spasms in the right quadratus lumborum and gluteal muscles. The provider noted the injured worker's sensation was intact, reflexes were 2 plus and equal. The injured worker had a negative straight leg raise bilaterally. The provider requested for physical therapy. However, a rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 12 sessions, without the use of modalities and to teach a home exercise program: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

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

Decision rationale: The request for Physical therapy x 12 sessions, without the use of modalities and to teach a home exercise program is not medically necessary. The California MTUS Guidelines state that active therapy based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion. The guidelines allow for fading of treatment frequency plus active self directed home physical medicine. The guidelines noted for neuralgia and myalgia 8 to 10 visits of physical therapy are recommended. This like the documentation indicating the injured workers prior course physical therapy as well as the advocacies of prior therapy. The clinical documentations noted indicated the injured worker reported no improvement on function ability with the therapy. In addition, the number of sessions the injured worker has previously undergone was not provided for clinical review. The number of sessions requested exceeds the guidelines recommendations. Therefore, the request is not medically necessary.