

Case Number:	CM14-0132359		
Date Assigned:	09/19/2014	Date of Injury:	03/16/2013
Decision Date:	10/24/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/19/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Ohio. 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 31-year-old male with a reported date of injury on 03/16/2013. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include lumbar disc displacement without myelopathy and lumbar region sprain/strain. His previous treatments were noted to include acupuncture, physical therapy, chiropractic treatment, and a lumbar epidural injection. The progress note dated 04/14/2014 revealed complaints of pain from the low back that go down the back of the left leg to the lateral part of the thigh to the calf area. The injured worker complained of low back pain that radiated down both legs, left worse than right. The injured worker rated his pain 7/10 and reported that he had been unable to get up from a chair during the last couple of weeks because his legs would not follow his command. The physical examination revealed tenderness in the L4 and L5 spinous processes with some spasm in the paraspinal muscles. There was decreased range of motion to the lumbar spine with flexion to 40 degrees, extension to 25 degrees, right/left lateral flexion was to 15 degrees, and right/left rotation was to 20 degrees. There was a positive straight leg raise on the left and a positive slump test on the left lower extremity. The motor strength examination revealed the iliopsoas strength on the left was rated -5/5 and the gastroc soleus complex on the left was -5/5. The deep tendon reflexes in the patellae were rated 1/4 bilaterally and the Achilles were 0/4 bilaterally. The progress note dated 07/23/2014 revealed complaints of low back pain that radiated down the left leg and lateral part of this thigh to the calf area. The injured worker reported increased pain with the home exercise program. The injured worker reported his pain was back to the baseline. He had tried 5 out of 6 physical therapy sessions that did not help, and the lumbar epidural injection lasted for 2 weeks. The injured worker reported his pain level was rated 6/10. The physical examination revealed tenderness in the L4 and L5 spinous processes with some spasm in the paraspinal muscles. There was decreased range of motion in the lumbar

spine with flexion to 50 degrees, extension to 30 degrees, and the straight leg raise was negative on the left. The motor strength was rated -5/5 to the gastroc soleus complex on the left. Deep tendon reflexes in the patellae were 1/4 bilaterally and the Achilles were 0/4 bilaterally. The Request for Authorization Form was not submitted within the medical records. The request was for physical therapy 2 times a week for 3 weeks to the lumbar spine; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Two Times A Week For Three Weeks Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The request for physical therapy two times a week for three weeks lumbar spine is not medically necessary. The injured worker has participated in previous physical therapy sessions. The California Chronic Pain Medical Treatment Guidelines recommend active therapy 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance in functional activities with assistive devices. The guidelines recommend, for neuralgia, neuritis, and radiculitis, 8 visits to 10 visits over 4 weeks. The documentation provided indicated the injured worker had tried 5 out of 6 sessions of physical therapy which did not help. The documentation provided showed current measurable functional deficits as well as quantifiable functional improvements with previous physical therapy sessions. However, the injured worker indicated the physical therapy was not helping and there is a lack of documentation regarding if he completed the sixth session. Therefore, due to the lack of documentation regarding number of previous physical therapy sessions completed, additional physical therapy is not appropriate at this time. Therefore, the request is not medically necessary.