

Case Number:	CM14-0132419		
Date Assigned:	08/22/2014	Date of Injury:	05/28/2003
Decision Date:	11/05/2014	UR Denial Date:	08/15/2014
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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 54-year-old female, who reported an injury on 05/28/2003 due to an unspecified cause of injury. The injured worker complained of lower back pain. The injured worker was diagnosed as chronic right sciatica. The objective findings dated 06/25/2014 revealed tenderness to the L4-5, paraspinous spasms over right side with trigger points at the L4-5 and sciatic right SI joint, tenderness over the right side in moderate intensity. Range of motion was decreased by 25%. Sensory examination was within normal limits, and the motor examination revealed abnormal weakness at the thigh. The past treatments included physical therapy, medication, H wave, TENS unit, and injections. The medications included ibuprofen 800 mg. No prior surgeries. The treatment plan included physical therapy 2 times a week for 4 weeks to the lumbar spine. The Request for Authorization, dated 08/22/2014, was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times per week for 4 weeks for the lumbar spine #8: Upheld

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

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

Decision rationale: The request for Physical therapy 2 times per week for 4 weeks for the lumbar spine #8 is not medically necessary. The California MTUS states that active therapy 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed to continue active therapies at home as an extension of the therapy process in order to maintain improvement levels. The guidelines recommend up to 10 visits of physical therapy. The documentation noted the injured worker was previously treated with physical therapy; however, the documentation did not indicate how many sessions of physical therapy were previously completed. There is a lack of documentation indicating the injured worker had significant objective functional improvement with the prior sessions of physical therapy. As such, the request is not medically necessary.