

Case Number:	CM14-0132647		
Date Assigned:	08/25/2014	Date of Injury:	01/08/2010
Decision Date:	10/29/2014	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 and Rehabilitation and is licensed to practice in Texas and 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 40-year-old female with a reported date of injury on 01/08/2010. The mechanism of injury was a fall. The diagnoses included chronic low back pain, a lumbar disc herniation at L5-S1, lumbar radiculitis/radiculopathy, and chronic neck pain. The past treatments included pain medication. There was no official diagnostic imaging submitted for review. There was no relevant surgical history documented in the notes. The subjective complaints on 12/10/2013 included low back pain rated 6/10 and neck pain rated 8/10. The physical exam findings of the cervical spine noted forward flexion range of motion of 50 degrees and extension of 60 degrees. The range of motion to the lumbar spine was forward flexion of 50 degrees and extension of 14 degrees. The range of motion for the shoulders was also performed; however, they were unremarkable and within normal limits. The sensory examination of the upper and lower extremities was within normal limits. Muscle testing was also performed to the bilateral upper and lower extremities and was rated 5/5 in all muscle groups. The hip range of motion was also examined, and was unremarkable and within normal limits. The medications were not noted in the records. The treatment plan was not provided in the records. A request was received for physical therapy of the lumbar spine 2 x 6 (12). The rationale for the request was not provided. The Request For Authorization form was dated 02/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Lumbar Spine 2 x 6 (12): 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 of the lumbar spine 2 x6 (12) is not medically necessary. The California MTUS Guidelines state up to 10 visits of physical therapy may be supported for unspecified myalgia, and continued visits should be contingent on documentation of objective improvement. The injured worker has chronic low back pain and neck pain. There was a lack of clear significant functional deficits in the notes, i.e., decreased range of motion or decreased motor strength. In the absence of functional deficits, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.