

Case Number:	CM14-0154104		
Date Assigned:	09/23/2014	Date of Injury:	03/25/2011
Decision Date:	10/27/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/22/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 53-year-old female who reported an injury on 03/25/2011. The mechanism of injury was not provided. Diagnoses included lumbar retrolisthesis and degenerative disc disease at L4-5. Past treatments included medications. Diagnostic testing included an unofficial x-ray of the lumbar spine on 07/30/2014, which reportedly revealed intact hardware at L4-5 anterior and posterior, and a solid fusion at L4-5. Surgical history included L4-5 anterior and posterior decompression and fusion in 2012. The clinical note dated 08/01/2014 indicated the injured worker complained of low back pain with radiating pain and weakness in the bilateral lower extremities. The physical exam of the lumbar spine revealed flexion 45 degrees, extension 10 degrees, and rotation 15 degrees, and full muscle strength and normal reflexes in the bilateral lower extremities. Current medications included Voltaren gel, tramadol, Flexeril, and Lexapro. The treatment plan included physical therapy twice weekly for the lumbar spine. The rationale for the request was pain control and retraining in a home exercise program. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, twice weekly for the lumbar spine: Upheld

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

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

Decision rationale: The California MTUS Guidelines indicate that physical therapy is recommended for patients with radiculitis to include 8 to 10 visits over 4 weeks. The injured worker complained of low back pain with weakness in the bilateral lower extremities. The physical exam revealed decreased range of motion, and full muscle strength and sensation in the bilateral lower extremities. The physician noted that the rationale for the request for physical therapy was to decrease pain and instruct the patient on a home exercise program. The clinical documentation does not clearly indicate whether or not the injured worker previously completed any physical therapy, including the number sessions and any functional improvement. As her injury was reported on 03/25/2011, it is likely that the injured worker had already been instructed on a home exercise program. Additionally, there is a lack of documented motor strength, weakness, and functional limitations to indicate the need for physical therapy at this time. The request also does not indicate the number of sessions to be completed. Therefore, the request for physical therapy twice weekly for the lumbar spine is not medically necessary.