

Case Number:	CM14-0155123		
Date Assigned:	09/25/2014	Date of Injury:	05/30/2012
Decision Date:	10/30/2014	UR Denial Date:	09/12/2014
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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Oklahoma. 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 48-year-old female with a reported date of injury on 05/30/2012. The mechanism of injury was noted to be due to a slip and fall. Her diagnoses were noted to include: status post lumbar decompression, L3-4 and L4-5 on the left; residual left lumbar radicular pain; lumbar degenerative disc disease; and lumbar myofascial pain. Her previous treatments were noted to include epidural steroid injection, psychological treatment, physical therapy, and medications. The progress note dated 07/29/2014 revealed complaints of low back pain with left lower extremity symptoms rated 6/10. The physical examination revealed tenderness to the lumbar spine. The lumbar spine range of motion was noted to be flexion was to 60 degrees, extension was to 40 degrees, left and right lateral tilt was to 30 degrees, left and right lateral rotation was to 30 degrees and there was a positive straight leg raise on the left lower extremity. The progress note dated 08/28/2014 revealed complaints of left lumbar radicular pain. The physical examination to the thoracolumbar spine revealed tenderness throughout the lower lumbar area with range of motion demonstrated at forward bending was to 80 degrees, extension was to 20 degrees, lateral bending to the left was to 20 degrees and lateral bending to the right was to 20 degrees. The straight leg raise was negative. The straight leg raise was negative. The physical examination of the lower extremities revealed painful range of motion to all joints of the bilateral lower extremities. The neurological examination of the lower extremities noted proximal and distal motor strength was grossly normal with intact sensation. The deep tendon reflexes were symmetrical bilaterally. The Request for Authorization form dated 08/18/2014 was for physical therapy to the lumbar spine 3 times 4 weeks and transportation to and from industrial injury related appointments, 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 times twelve (12) sessions, lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The request for physical therapy times twelve (12) sessions, lumbar 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 an 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/resistance in functional activities of assistive devices. The guidelines recommend for myalgia and myositis 9 to 10 visits over 8 weeks. The documentation provided indicated current measurable functional deficits, however, there is a lack of documentation regarding quantifiable objective functional improvements with previous physical therapy sessions. There is a lack of documentation regarding the number of sessions completed. Therefore, due to the lack of documentation regarding quantifiable objective functional improvements and number of sessions completed, the request for additional physical therapy is not appropriate at this time. Additionally, the request for 12 sessions of physical therapy exceeds guideline recommendations. Therefore, the request is not medically necessary.

Transportation to and from industrial injury related appointments: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Transportation (to and from appointments).

Decision rationale: The request for transportation to and from industrial injury related appointments is not medically necessary. The injured worker complains of radicular pain. The Official Disability Guidelines recommend transportation to and from appointments for a medically necessary appointments in the same community for patients with disabilities preventing them from self transport. There was a lack of documentation regarding the injured worker's inability for self transport from home to appointment. There is lack of documentation regarding the injured worker unable to arrange private transportation to and from appointments

or a specific disability to warrant medical transportation. Therefore, the request is not medically necessary.