

Case Number:	CM14-0156603		
Date Assigned:	09/26/2014	Date of Injury:	11/16/2010
Decision Date:	10/27/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/24/2014

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 43-year-old male who reported an injury on 11/16/2010, after the injured worker was sitting in an awkward position and underwent a twisting backwards motion. The injured worker reportedly sustained an injury to his low back. Diagnostic studies included an x-ray and an MRI. The injured worker's treatment history included physical therapy. The injured worker was evaluated on 07/24/2014. It was documented that he injured worker complained of low back pain rated at an 8/10, which radiated into the right lower extremity. Medications included Voltaren 75 mg twice a day, Norco 5/325 mg 1 tablet every 8 hours as needed for pain, and Soma 350 mg 1 tablet at bedtime. Physical findings included restricted range of motion secondary to pain of the lumbar spine, with tenderness to palpation over the L5 spinous process. The injured worker's diagnoses included lumbosacral disc degeneration, lumbar herniated nucleus pulposus, lumbago, and low back syndrome. The injured worker's treatment plan included continuation of nonsteroidal anti inflammatory drugs, physical therapy, L5-S1 facet injections, and the use of a TENS unit. No authorization form was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar additional physical therapy 2 x week for 6 weeks, 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, updated 08/22/14

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

Decision rationale: The requested Lumbar additional physical therapy 2 x week for 6 weeks, 12 visits is not medically necessary or appropriate. The clinical documentation does indicate that the injured worker previously underwent physical therapy. The California Medical Treatment Utilization Schedule recommends that he patients should be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation submitted for review does not indicate that the injured worker is participating in a home exercise program. Therefore, a very short course of physical therapy would be supported to reestablish and reeducate the injured worker in a home exercise program. However, 12 sessions would be considered excessive. There are no factors to preclude further progress of the patient while participating in a home exercise program. As such, the requested Lumbar additional physical therapy 2 x week for 6 weeks, 12 visits is not medically necessary or appropriate.