

Case Number:	CM14-0158134		
Date Assigned:	10/23/2014	Date of Injury:	07/17/2012
Decision Date:	11/21/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/26/2014

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 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 28-year-old female who reported a work related injury on 07/17/2012 due to assisting a client getting into a chair. The diagnosis were noted to include probable lumbar facet syndrome. The injured worker's past treatment was not provided for review. Diagnostic studies were noted to include an MRI of the lumbar spine dated 09/12/2012, which revealed multilevel small disc bulge at L3-4 and L4-5 with compression neurologically of the exiting nerve root at the L4-5 and L3-4 level. An EMG/NCV of lower extremities dated 09/07/2012 was noted unremarkable. Surgical history was not provided. On a clinical note dated 09/04/2014, the injured worker continued to have low back pain. The injured worker was noted to have tenderness and mild spasms over the left paraspinal joint. The injured worker's current medications were not provided for review. The treatment plan consisted of physical therapy 2 times a week times 3 weeks, updated MRI, back brace, EMG/NCV of the lower extremities and continue medications. The rationale for the request was not provided for review. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x week x 3 weeks for the lower back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation ODG Low Back (updated 08/22/14)
Physical therapy (PT)

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

Decision rationale: The request for Physical Therapy 2 x week x 3 weeks for the lower back is not medically necessary. The California MTUS Guidelines recommended physical medicine 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. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines recommend physical medicine for 8 to 10 visits over 4 weeks. The continuation of physical therapy condition on the documentation objective measurable gains. There must be improvement in functional, range of motion, and pain relief. In the documentation provided for review, it is noted that the injured worker is previously approved for physical therapy. However, documentation regarding the physical therapy sessions were not provided for review. Additionally, the clinical notes failed to note measurable gains and function and pain to warrant additional physical therapy sessions. As such, the request for Physical Therapy 2 x week x 3 weeks for the lower back is not medically necessary.