

Case Number:	CM14-0167778		
Date Assigned:	10/15/2014	Date of Injury:	01/06/2014
Decision Date:	12/10/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/11/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 38-year-old female who reported injury on 01/06/2014, due to lifting heavy pallets. Her diagnoses were noted to include lumbago, degenerative of lumbar spine, and displacement of lumbar disc. The injured worker's past treatments were noted to include activity modifications, heat and ice, and medication. The injured worker's diagnostic studies were noted to include an x-ray of the lumbar spine dated 09/19/2014, which was noted to show spondylitis changes of the L5-S1 vertebra. The injured worker's surgical history was not included in the documentation submitted for review. On 08/21/2014, the injured worker was seen for a followup orthopedic examination of her low back with complaints of pain to the low back, stiffness, dull aching pain, and pain with lifting heavy objects to the low back. Physical exam findings of the lumbar spine noted mild tenderness to the right and left flank and medial low back. Sensation to the lumbar spine was noted as normal. Forward flexion was noted full to the floor, extension was 10 degrees, lateral bending was 15 degrees, and axial rotation was 10 degrees. Muscle strength of the lumbar spine was 4/5. The injured worker's medication regimen included Motrin as needed for pain. The treatment plan was noted to include physical therapy of the lumbar spine 3 times a week for 4 weeks to increase her strength, range of motion, and flexibility; MRI of the lumbar spine; back brace; and instruction to apply heat and ice to the injured body part. The treatment plan was also noted to include continuation of medications as needed for pain and a follow-up appointment one month later. The provider's rationale for the requested physical therapy of the lumbar spine 3 times a week for 4 weeks was to increase strength, range of motion, and flexibility as soon as possible. The Request for Authorization was not included in the documentation 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 3x4, lower back: 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 Page(s): 98-99.

Decision rationale: The request for physical therapy 3x4 for the lower back, is not medically necessary. The injured worker's diagnoses included lumbago, degenerative of lumbar spine, and displacement of lumbar disc. The California MTUS Guidelines recommend 9-10 sessions of physical therapy over 8 weeks for injured workers who demonstrate objective functional deficits, decreased muscle strength and decreased range of motion. The guidelines also state that patients are instructed in and expected to continue active therapies at home in extension of the treatment process in order to maintain improvement levels. The documentation submitted provided evidence of past physical therapy sessions; however, there was a lack of documentation stating the injured worker was participating in a home exercise program. The documentation did not indicate how many sessions of physical therapy were previously completed and whether the injured worker had significant objective functional improvement with the physical therapy. The request for 12 sessions of physical therapy exceeds the guideline recommendation of 9-10 visits. Based on the lack of documentation of proof of participation in a home exercise program and the number of physical therapy visits requested exceeding the guideline recommendations, the request is not supported. As such, the request is not medically necessary.