

Case Number:	CM14-0168994		
Date Assigned:	10/17/2014	Date of Injury:	10/21/2009
Decision Date:	11/19/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/14/2014

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 64-year-old female who sustained an injury on 10/21/09. As per the report of 09/12/13, she complained of visual distortion, headaches, nausea, dizziness, and cervical/lumbar pain. The patient suffered a lumbar fall in 2009 and had long series of complications from which she had not fully recovered. She had headaches and cervical/lumbar pain and was treated with medications that predisposed her to infection that required antibiotic treatment that led to other complications. She reported that when she got off all medications, she felt a little better. She had neurological symptoms. She was diagnosed with Bell's palsy in 2012 with recovery and facial synkinesis. On exam, there was subtle facial asymmetry with mild left facial droop and left ptosis with numbness on left. DTRs were 1+ in the upper extremity and absent in the lower extremity. EGD report dated 01/28/14 was positive for mild gastropathy with pre-procedure diagnoses of GERD, dyspepsia and diarrhea. Pathology report dated 01/28/14 was positive for intestinal metaplasia in antrum and gastritis. She is allergic to Lyrica. Hydrocodone-Acetaminophen was not effective and Acetaminophen, NSAIDs caused heartburn. She had severe side effects with Solu-Medrol. She participated in physical therapy in 2013 through England Physical Therapy, but no documentation of benefit. Diagnosis includes lumbar sprain/strain. There is no documentation regarding requesting physician reports, current complaints, recent physical examination, diagnostic reports, surgery, current medications, and/or past treatments. The request for lumbar physical therapy two times per week for four weeks was denied on 09/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy sessions two times per week for four weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: As per California MTUS guidelines, 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. Official Disability Guidelines recommends 9 physical therapy visits over 8 weeks for intervertebral disc disorders without myelopathy. In this case, the IW has received physical therapy visits in the past; however, there is little to no documentation of any significant improvement in the objective measurements (i.e. pain level "VAS", range of motion, strength or function) with physical therapy to demonstrate the effectiveness of this modality in this injured worker. There is no evidence of presentation of any new injury / surgical intervention. Moreover, additional physical therapy visits would exceed the guidelines criteria. Nonetheless, there is no mention of the patient utilizing an HEP (At this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels). Therefore, the request is considered not medically necessary or appropriate in accordance with the guidelines.