

Case Number:	CM14-0173465		
Date Assigned:	10/24/2014	Date of Injury:	11/22/2013
Decision Date:	12/03/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/21/2014

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 Internal Medicine 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 patient is an injured worker with a lumbosacral back condition. Date of injury was 11-22-2013. Primary treating physician's initial orthopedic evaluation and report dated 6/26/14 documented that on November 22, 2013, the patient was putting a lock on a truck and was standing on the outside of the vehicle. The driver started pulling away and the patient's low back was injured. Physical therapy was prescribed; however, he was only treated on one occasion. Therapy did not provide relief in pain. An MRI magnetic resonance imaging of the back was performed, revealing disc abnormalities. Chiropractic therapy was prescribed; however, patient could not tolerate chiropractic because it was too painful. Acupuncture was prescribed; however, the patient was in more pain than before. A nerve conduction study of the lower extremities was performed, revealing abnormalities. The patient denies any previous injuries or symptoms related to the lumbar spine. He denies any other industrial or non-industrial injuries, any prior surgeries or hospitalizations, or any major medical illnesses or conditions. The patient denies any allergies to food or medications. The patient is taking no medication at this time. Physical examination was documented. There was local tenderness along the L3-4, L4-5 and L5-S1 posterior spinous processes and paraspinal muscles bilaterally. On range of motion, the patient stands in an upright position and forward flex 30 degrees with his hands to his knees. The patient shows no focal neurological deficit to motor and sensory evaluation. Motor power of the quadriceps, hamstrings, extensor hallucis longus, extensor digitorum communis, flexor hallucis longus, flexor digitorum communis, gasfrocsoleus complex, posterior tibials and peroneals were grade 5/5 bilaterally. Lumbar MRI magnetic resonance imaging dated 1/26/14 reported 4-5-mm focal disc protrusions at L3-4, L4-5 and L5-S1. Diagnoses were lumbar facet syndrome and lumbar disc protrusions at L3-4, L4-5 and L5-S1. Treatment plan included Ibuprofen, Ultracet, and physical therapy. Physical therapy evaluation report dated 7/15/14 documented the diagnoses of lumbar facet

syndrome and lumbar disc protrusion. Regarding the mechanism of injury, the patient was pulled by a truck. The treatment plan was therapy two times a week for six weeks. Additional physical therapy two times a week for six weeks for the low back was requested on 9/23/14. Utilization review determination date was 10/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy two times a week for six weeks for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Integrated Treatment Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT) Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Physical therapy (PT)

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT), physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Official Disability Guidelines (ODG) recommends 10 visits for lumbar sprains and strains and intervertebral disc disorders. Medical records document that the patient has received physical therapy, chiropractic, and acupuncture treatments in the past. The latest progress report submitted for review was dated 7/15/14. Additional physical therapy two times a week for six weeks was requested on 9/23/14. No functional improvement with past physical therapy treatments were documented. No exceptional factors were documented. The request for additional physical therapy would exceed MTUS and ODG guideline recommendations. Because medical records do not document functional improvement with past physical therapy, the request for additional physical therapy visits is not supported. Therefore, the request for additional Physical Therapy two times a week for six weeks for the low back is not medically necessary.