MAXIMUS Federal Services

Case Number:	CM14-0022859		
Date Assigned:	06/11/2014	Date of Injury:	08/22/2013
Decision Date:	07/16/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/24/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Alabama, Maryland, and New York. 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 a 36-year-old female who was injured on August 22, 2013 while lifting a box. There is no prior treatment history for review and there were no diagnostic studies for review. Progress report dated January 15, 2014 indicated the patient complained of low back pain. Objective findings on exam revealed tenderness to palpation on the left upper, mid, and lower paravertebral muscles. The range of motion exhibits flexion to 20 degrees; lateral bending to 20 degrees bilaterally; lateral rotation to 20 degrees bilaterally; and extension to 15 degrees. There is increased pain with lumbar motion. Straight leg raise and rectus femoris stertch sign do not demonstrate any nerve irritability. Diagnoses are lumbar spine strain and left lumbar radiculopathy. The treatment and plan included instructions on home exercise program and soft tissue modalities and their importance and there is a request for physical therapy for twelve visits. The patient was instructed to continue with her prenatal care. Prior utilization review dated January 28, 2014 states the request for twelve sessions of physical therapy is non-certified due to the unknown number of completed sessions neither is there documented functional improvement from previous sessions for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE LUMBAR SPINE, TWICE WEEKLY FOR SIX WEEKS: 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): 98-99.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicates 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. The medical records do not document the number of completed sessions previously or if there is a functional improvement from previously completed sessions. Further, the documents show no specific goals with the participation of physical therapy. The request for physical therapy for the lumbar spine, twice weekly for six weeks, is not medically necessary or appropriate.