

Case Number:	CM14-0025838		
Date Assigned:	06/13/2014	Date of Injury:	12/22/2010
Decision Date:	08/13/2014	UR Denial Date:	02/22/2014
Priority:	Standard	Application Received:	02/28/2014

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 Neurology, has a subspecialty in Neuromuscular 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 patient is a 43-year-old woman who sustained a work related injury on December 22, 2010. Subsequently, she developed a chronic low back pain. According to a note dated on December 6, 2013, the patient was diagnosed with chronic lumbar backache, recurrent myofascial strain, and bilateral lower extremity radicular pain. An MRI of the lumbar spine dated on March 11, 2011 showed multilevel disc desiccation, especially at L4-5 and L5-S1, with facet hypertrophy. There was left-sided disc herniation at L5-S1 producing left more than right neural foraminal stenosis and acquired neural foraminal stenosis at L4-5 level. On October 24, 2013, the orthopedist determined that the patient had reached maximum medical improvement. The clinical report dated on November 11, 2013 documented prescriptions of Nucynta, Neurontin, Pepcid, Lidoderm patches, and Naproxen were providing moderate pain relief. On examination, lumbar range of movements were painful and restricted with a negative facet loading test on examination. Ankle and patellar jerks were preserved in both lower extremities, no sensory deficit was present, and the motor examination was normal; the patient did not have any objective radiculopathy. On February 5, 2014, the progress report stated that the patient was seen with back pain radiating to both legs. The pain had decreased since the prior visit. The patient did not report any change in location of the pain, did not try any other therapies for pain relief, and denied any new injury since prior visit. The patient was taking Gabapentin for radicular pain. The provider requested authorization for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) PHYSICAL THERAPY VISITS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

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

Decision rationale: According to MTUS Guidelines, physical medicine is recommended as passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient), can provide short term relief during the early phases of pain treatment, and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing of soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The patient sustained a work related injury several years ago and his condition was reported to be improving. It is not clear what the rationale behind prescribing 12 sessions of physical therapy is. It is not clear why a home exercise program is not enough to improve the patient's condition. Therefore the request is not medically necessary.