

Case Number:	CM14-0026411		
Date Assigned:	06/27/2014	Date of Injury:	05/05/2003
Decision Date:	08/26/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/03/2014

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, has a subspecialty in Pain 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 injured worker is a 51Y/O male with date of injury of 5/5/03 duty lifting boxes. He has been complaining of low back pain ever since. MRI of the L/S spine has showed disc herniation. He has had epidural injection in the past which didn't help. He has been offered surgery, but he refused. His past medical history includes HTN, OA. Medications include Advil. On 1/28/14, exam has revealed tenderness at right paraspinals. Flexion was 20, extension was 0, lateral bending was R/L 0/20. SLR was negative bilaterally. There were no focal neurological deficits. The request for PT 2-3 / week x 4 weeks was previously denied on 2/7/14 due to lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2-3 times per week for 4 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine.

Decision rationale: As per CA 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. The guidelines recommend 9 visits over 8 weeks for Intervertebral disc disorders without myelopathy, 10 visits over 8 weeks for Lumbar sprains and strains, or Lumbago / Backache. CA MTUS - Physical Medicine; Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case, the injury is very old and there is no record of prior physical therapy progress notes with documentation of any significant improvement in the objective measurements (i.e. pain level, range of motion, strength or function) to demonstrate the effectiveness of physical therapy in this injured worker. Furthermore, 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). There is no evidence of presentation of an acute or new injury with significant findings on examination to warrant any treatments. Therefore, the request is considered not medically necessary or appropriate in accordance with the guidelines.