

Case Number:	CM14-0027121		
Date Assigned:	06/13/2014	Date of Injury:	06/06/2012
Decision Date:	07/16/2014	UR Denial Date:	02/11/2014
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, Pain Medicine and is licensed to practice in Texas. 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 43 year old female injured on 06/06/12 when she was working as a caregiver, changing a five gallon water container and felt a popping sound in her low back. Current diagnoses included lumbar sprain/strain, lumbar disc protrusion, and lumbar radiculopathy. Clinical note dated 01/08/14 indicated the injured worker presented complaining of constant burning, numbness, tingling, and sharp pain in the low back with radicular pain to the bilateral lower extremities. The injured worker reported without pain medications her pain was rated 8/10 decreased to 5/10 with medications. Current medications included tramadol 50mg BID, naproxen 550mg BID, and topical medication with 30-40% pain relief. The injured worker was actively attending physical therapy with suboptimal pain relief. Physical examination revealed 5/5 strength to bilateral lower extremities, positive straight leg raise bilaterally with pain in the L5 distribution, and pain with lumbar extension. Request for authorization for bilateral L5-S1 transforaminal epidural steroid injection and increase of Toradol to 50mg one to two tabs PO Q8H PRN pain was submitted. The initial request for physical therapy two per week for six weeks for the lumbar spine was initially non-certified on 02/11/14 with a modification for outpatient physical therapy two sessions for the lumbar spine between 02/11/14 and 03/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO (2) PER WEEK FOR SIX (6) WEEKS FOR THE LUMBAR SPINE: Upheld

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

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

Decision rationale: Current guidelines recommend 10 visits over 8 weeks for the treatment of lumbar strain/sprain and allow for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home physical therapy. There is no documentation of exceptional factors that would support the need for therapy that exceeds guidelines either in duration of treatment or number of visits. Additionally, the documentation indicated the injured worker was receiving suboptimal results from physical therapy indicating a lack of functional improvement. The medical necessity of the physical therapy two (2) per week for six (6) weeks for the lumbar spine cannot be established at this time.