

Case Number:	CM14-0029105		
Date Assigned:	06/20/2014	Date of Injury:	02/28/2013
Decision Date:	07/17/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/07/2014

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 & Rehabilitation, 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 35-year-old male who reported an injury on 02/28/2013. The mechanism of injury was noted to be breaking up a fight. The prior treatments within the documentation included physical therapy, medication, and use of a heating pad. The injured worker's diagnoses were noted to be lumbar herniated disc disease, lumbar radiculitis, and lumbar degenerative disc disease. The injured worker had a clinical evaluation on 01/10/2014. The injured worker reported he had been experiencing pain in the left lower back as well as in the left buttock region over the last 10 months. He stated his pain as a 3/10 in intensity. He described his pain as sharp and shooting and intermittent. The injured worker stated he had tried some physical therapy as well as the use of heating pads and various pain medications which all had very limited benefits. The physical examination to the musculoskeletal system showed normal lordotic curvature of the lumbar spine. Palpation to the L5 region was tender. Facet loading was positive on the left. SI joint tenderness was present. Range of motion of the lumbar spine was intact. The lower extremity testing showed full range of motion, stability, and strength throughout both lower regions. The manual muscle testing showed 5/5 strength throughout, without any focal deficits. Gait was normal. The treatment plan included a recommendation that the injured worker try to exhaust conservative nonsurgical treatment options and try more physical therapy with a specific core and pelvic stabilization program along with establishment of a home exercise program and full understanding of lumbar precautions in addition to consideration for the left-sided L5-S1 and S1 transforaminal epidural steroid injections under fluoroscopic guidance. He may also consider utilizing neuropathic medications such as Lyrica or Neurontin. The provider's rationale for the requested physical therapy is provided within the clinical evaluation. A Request for Authorization for Medical Treatment was included in the documentation and dated 02/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy; one to two (1-2) times per week for six (6) weeks.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The request for physical therapy 1 to 2 times per week for 6 weeks is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines recommend physical medicine. 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. 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. In the clinical evaluation on 01/10/2014, it is noted that the injured worker had range of motion of the lumbar spine that was intact and that lower extremity testing showed full range of motion, stability, and strength throughout both the lower extremities. Muscle testing showed 5/5 strength throughout without any focal deficits. The previous physical therapy was noted to not be effective. The request for 1 to 2 times a week for 6 weeks would be outside of the guidelines' 8 to 10 visits over 14 weeks. Therefore, the request for physical therapy 1 to 2 times per week for 6 weeks is non-certified.