

Case Number:	CM14-0029816		
Date Assigned:	06/20/2014	Date of Injury:	11/23/2008
Decision Date:	07/17/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/10/2014

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 Pain Management & Rehabilitation 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 64 year old female corrections officer who sustained multiple injuries including the low back on 11/23/2008 when she slipped and fell on pepper spray on the floor. Magnetic resonance imaging of the lumbar spine dated 02/24/14 was compared to prior study from March 2011 and revealed progression of degenerative changes with moderate spinal canal restriction at L4-5 with bilateral foraminal narrowing and evidence of right L5 nerve root impingement. Electromyogram done 03/04/14 reported evidence of right L5 radiculopathy. Diagnosis includes low back pain with radicular symptoms on both legs. The injured worker has been prescribed medications including Vicodin, Robaxin, and Celebrex. Physical therapy for the low back has been prescribed. Per utilization review determination dated 12/02/13, a request for physical therapy lumbar spine 2 x 6 was modified with approval of physical therapy for initial trial of 6 visits based on documentation of functional deficits. A subsequent request was made for 12 additional physical therapy visits for the lumbar spine.

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 QTY: 12.00: 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
Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Active rather than passive therapy is recommended for low back pain. The guidelines recommend an initial trial of 6 visits with up to 12 visits with evidence of substantial functional improvement with initial therapy. The injured worker in this case was approved for 6 physical therapy visits for the lumbar spine; however, no physical therapy progress reports were submitted for review documenting the number of physical therapy visits attended, modalities used and response to treatment. Based on the clinical information provided, the request for physical therapy for the lumbar spine x 12 is not recommended as medically necessary.