

Case Number:	CM14-0030264		
Date Assigned:	06/20/2014	Date of Injury:	09/24/2013
Decision Date:	07/29/2014	UR Denial Date:	02/24/2014
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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 58-year-old male with a reported injury on 09/24/2013. The mechanism of injury was described as a fall. The clinical note dated 02/10/2014 reported that the injured worker complained of low back pain radiating to bilateral legs, left greater than right, with numbness to the knee and occasionally below. The physical examination was negative for any significant abnormalities. The sensory examination demonstrated reduced sensitivity to light touch in the left L2 dermatome and right L4 and L5 dermatomes. The straight leg raise was positive to the left at 60 degrees yielding left L2 and L3 dermatomal pain. Straight leg raise was positive on the right yielding right L4 dermatome pain at 70 degrees. The injured worker's diagnoses included low back pain, lumbar disc displacement, lumbosacral radiculopathy, myofascial dysfunction, lumbago with facet arthropathy at multiple levels, central spinal canal stenosis, and mild levoscoliosis centered at L4-5. The provider requested 12 physical therapy visits for the back with evaluation and re-evaluation, the rationale was not provided within the clinical notes. The Request for Authorization was submitted on 03/03/2014. The injured worker's prior treatments included previous physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy visits for the back with evaluation and re-evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The injured worker complained of low back pain. The treating physician's rationale for additional physical therapy was not provided within the clinical notes. The California MTUS guidelines recognize that 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. Within the provided documentation, an adequate and complete assessment of the injured worker's functional condition is not provided; there is a lack of documentation indicating the injured worker has significant functional deficits. Given the information provided, there is insufficient evidence to determine the appropriateness of continued therapy. As such, the request for twelve (12) physical therapy visits for the back with evaluation and re-evaluation is not medically necessary.