

Case Number:	CM14-0031141		
Date Assigned:	06/20/2014	Date of Injury:	10/15/2013
Decision Date:	10/17/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/12/2014

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 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 underlying date of injury in this case is 10/15/2013. The primary diagnosis is lumbar disc disease. The treating diagnoses include a lumbar sprain/strain as well as persistent low back pain. Previous treatment has included acupuncture and at least six sessions of physical therapy. A primary treating physician orthopedic surgery progress note of 02/19/2014 notes that the patient was seen in followup regarding her lower back. The patient had no substantial change. A recent injection produced only temporary relief in symptoms. The patient had a normal gait. Lumbar spine motions were accomplished without any complaints of pain; lumbar motion was unrestricted. Straight leg raising caused back pain bilaterally. Strength, sensation, and reflexes were normal in the lower extremities. The patient was diagnosed with a lumbar myofascial sprain as well as L4-5 and L5-S1 disc protrusions with probable radiculopathy. The treating physician indicated a plan for a second epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299.

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

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on physical medicine, recommends to allow for fading of treatment frequency and to transition to independent home rehabilitation. By the time period under review, the treatment guidelines anticipate that the patient would have transitioned to an independent home rehabilitation program, particularly given the absence of deficits in terms of range of motion or neurological function on physical examination. The medical records do not document a rationale for additional supervised physical therapy rather than independent home rehabilitation. The request for additional physical therapy is not supported by the treatment guidelines. This request is not medically necessary.