

Case Number:	CM14-0031930		
Date Assigned:	06/20/2014	Date of Injury:	07/10/2009
Decision Date:	08/05/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/13/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 56-year-old female who reported an injury on 07/10/2009 due to an unknown mechanism. The injured worker was diagnosed with osteoarthritis, lumbar sprain, and lumbar radiculopathy. The injured worker was placed on conservative care and received Ultram and Mobic. The injured worker received 8 physical therapy sessions from 11/06/2013 to 01/03/2014. On an office visit on 02/04/2014, the injured worker reported no improvement to pain to the lumbar region after receiving eight physical therapy sessions. The injured worker states her pain is still 4-5/10 on the pain scale describing pain radiating from the spine to her bilateral lower extremities. The injured worker demonstrates a full range of motion with pain during the examination and was diagnosed with spinal stenosis and radiculopathy. The injured worker was given a modified return to work authorization to return on 11/26/2013 with restrictions to lift nothing greater than 25 pounds. The physician is requesting 8 physical therapy sessions of the lumbar. The Request for Authorization form and rationale were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x4 Lumbar: Upheld

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

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

Decision rationale: The California MTUS Guidelines for physical medicine sets guidelines allowing for fading of treatment frequency, from up to three visits per week to one or less, plus active self-directed home Physical Medicine. Injured workers with a diagnosis of radiculopathy may receive 8-10 visits over four weeks. The injured worker does not show progression in her complaint of pain, nor does she show significant improvement on returning to work, as demonstrated with a restricted return to work notification of not being able to lift anything over 25 pounds. The injured worker has already received eight sessions of physical therapy with no documentation of being transitioned to a home exercise program. Further, there was no documentation showing current functional deficits. As such, the request is not medically necessary.