

Case Number:	CM14-0033699		
Date Assigned:	06/20/2014	Date of Injury:	01/12/2009
Decision Date:	07/22/2014	UR Denial Date:	02/15/2014
Priority:	Standard	Application Received:	03/18/2014

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, has a subspecialty in Pain Medicine 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 50-year-old male who reported an injury on 01/12/2009 driving a forklift at rapid speed over a speed bump. On 10/09/2013 the injured worker complained of neck pain rated at 8-9/10 and low back pain with muscle spasms rated at 8/10. It was reported that the injured worker stated the low back pain had numbness and tingling of the bilateral lower extremities. It was noted the x-rays was obtained but unavailable for review. On the physical examination of lumbar spine done on 10/09/2013 revealed limited range of motion on flexion to mid tibia, extension was 10 degrees and bilateral lateral flexion was 20 degrees. He had a positive straight leg test at 65 degrees on the right and left in the supine position. The injured worker had slightly decreased sensation to pin-prick and light touch at the L4-S1 dermatomes bilaterally. L2-S1 myotomes had decreased at the bilateral lower extremities secondary to pain. It was noted that the injured worker deep tendon reflexes was a positive 2 and symmetrical in the bilateral lower extremities. On 01/10/2014 the physical examination revealed of the lumbar spine had a slight decreased sensation and myotomes were decreased. It was noted the injured worker was able to squat 20%. There was tenderness at the lumbar paraspinal muscles with decreased range of motion and the slight leg raise test was 65 degrees. The injured worker stated his pain level was 8-9/10 for neck pain that was constant to moderate burning and throbbing. It was also stated the injured worker low back pain was at 8/10 with moderate to severe pain. The injured worker medications included Deprizine, Dicopnal, Fanatrx, Synapryn, Tabradol, Cyclophene and Ketoprofen Cream. It was noted the injured worker symptoms persist however; the medications do offer temporary pain relief and improve ability to have a restful sleep. The injured worker diagnoses included cervical spine degenerative disc disease, lumbago and lumbar spine radiculopathy. The treatment plan included a decision for eighteen (18) physical therapy

sessions for the lumbar spine three (3) times a week for six (6) weeks. The authorization for request was submitted on 01/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eighteen (18) Physical Therapy sessions for the lumbar spine three (3) times a week for six (6) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation; Physical medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Manual therapy & manipulation page(s) 58 Page(s): 58.

Decision rationale: The request for eighteen (18) physical therapy sessions for the lumbar spine three (3) times a week for six (6) weeks is not medically necessary. Per the Chronic Pain Medical Treatment Guidelines states the low back is recommended as an option and therapeutic care trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care was not medically necessary. Recurrences/flare-ups need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. The documented report submitted on 01/10/2014 had lack of documentation of the injured worker doing conservative care measures such as a home exercise program. In addition, it states the injured worker reported symptoms persist however, the medications do offer temporary pain relief and improve ability to have a restful sleep and the request exceeds the amount of therapeutic care visits which are 6 visits over 2 weeks with evidence of objective functional improvement. Given the above, for eighteen (18) physical therapy sessions for the lumbar spine three (3) times a week for six (6) weeks is not medically necessary.