

Case Number:	CM14-0033876		
Date Assigned:	06/20/2014	Date of Injury:	08/21/2013
Decision Date:	07/24/2014	UR Denial Date:	02/26/2014
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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 female who reported an injury on 08/21/2013 due to an unknown mechanism of injury. The injured worker complained of neck pain rated 8/10 that increases with work activities, low back pain rated 6-7/10, and right foot pain rated 5-7/10. On 04/28/2014 the physical examination revealed deficits in her range of motion of the lumbar spine, flexion at 50 degrees, extension at 20 degrees, and lateral flexion on the right and left was 20 degrees. There were no diagnostic studies submitted for review. The injured worker had a diagnosis of lumbar disc syndrome. The past treatment included acupuncture therapy, and physical therapy. Since at least 10/28/2013 the injured worker was on the following medications Tramadol 100mg, Omeprazole 20mg, acetaminophen, Panadol 500mg, Nabumetone 750mg, Lorazepam 0.5mg, Trazodone 100mg, and Cyclobenzaprine 10mg. The current treatment plan is for 18 physical therapy visits for the lumbar spine, 3 times a week for 6 weeks. The rationale and request for authorization form 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:

18 Physical Therapy visits for the Lumbar Spine, 3 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299 & 301.

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

Decision rationale: The injured worker has a history of chronic lower back pain. The California MTUS guidelines state that physical therapy is recommended and can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. The guidelines recommend 9-10 visits over 8 weeks for myalgia and myositis. The request for 18 visits exceeds the evidence-based guidelines recommendations for duration of care. Therefore, the request for 18 physical therapy visits for the lumbar spine is not medically necessary.