

Case Number:	CM14-0037016		
Date Assigned:	06/25/2014	Date of Injury:	04/23/2007
Decision Date:	07/29/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/27/2014

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 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 injured worker is a 59-year-old female who sustained a work related injury on 04/23/2007. She injured the right side of her body while performing her usual and customary job duties as a caterer. The prior treatment included Naprosyn, Vicodin, gabapentin, Soma and physical therapy (PT) which provided minimal relief and rest. A magnetic resonance imaging (MRI) of the lumbar spine dated 11/30/2008 revealed 2-millimeter central disc protrusion at L2-L3, disc desiccation and hypertrophy of facet joints. X-rays of the lumbar spine dated 12/07/2011 revealed degenerative disc disease (DDD) at L3-L4 through L5-S1 with hypertrophy of apophyseal joint at L4-L5 and L5-S1, shallow scoliosis of lumbar spine with convex to the left that might be projectional, minimal degenerative changes, postural alteration, minimal sclerosis of the both sacroiliac (SI) joints, minimal anterior scalloping of T12 through L3 vertebrae, mild degenerative changes of the T11 and T12 vertebrae and mild abdominal aortic calcification. An application for an independent medical review for extra physical therapy (PT) for the lumbar spine was made on an unknown date. On 08/15/2012, the treating provider stated that the patient was to remain off work until 09/26/2012. On a reevaluation dated 09/12/2012, the provider noted the claimant was to remain off work until 10/24/2012. In a letter dated 01/25/2013, the claimant was notified that extra physical therapy for the lumbar spine was not certified. On 01/29/2014, a treating provider noted that the patient complained of pain in the coccygeal region, right shoulder and right side of the neck. A recommendation for PT two times a week for the next six weeks, focusing on the cervical spine, lumbar spine and right knee is noted. The focus should include strength training, increasing range of motion (ROM) and decreasing pain. The diagnoses were cervical disc lesion, lumbar disc herniation with radiculitis, right shoulder tendinitis and impingement, bilateral knee sprains, anxiety, depression and insomnia. On 02/21/2014, the treating provider requested an authorization for acupuncture to the cervical spine, lumbar spine,

and right knee two times a week for six weeks. Also, PT to the cervical spine, lumbar spine and right knee two times a week for six weeks. In a letter dated 03/06/2014, the claimant was notified about the decision made for the request for PT for the lumbar spine. The service was non-certified based on the lack of lumbar findings on examination and no indication of her response to PT in the past. The reviewer stated that the injury was nearly seven years old and she continued to report diffused and incapacitating pain. She was unable to work. The likelihood of significant and sustained improvement with PT in the clinical setting was minimal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 130-171.

Decision rationale: As per CA MTUS guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. 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. In this case, the patient has had physical therapy in the past, which provided her minimal relief. Furthermore, there is no documentation of detailed information in the physical therapy progress notes (i.e. location and frequency of treatments) and/or to demonstrate any improvements in the pain level or function. The patient should already have been transitioned to home exercise program. Therefore, the medical necessity of the requested service cannot be established.