

Case Number:	CM14-0037818		
Date Assigned:	06/25/2014	Date of Injury:	03/08/2000
Decision Date:	08/14/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	03/31/2014

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 Texas and Ohio. 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 70-year-old male who reported an injury on 03/08/2000. The mechanism of injury was not provided in the medical records. His current diagnoses include strain of the back and neck disorder symptoms NOS. His previous treatments included medications and flexibility exercises. Per the clinical note dated 10/16/2013, the injured worker had complaints of neck pressure. The injured worker also reported aching pain in the cervical area, upper thoracic and lumbar spine over the last 5 days. He also reported ongoing back pain. His current medications included amitriptyline, cyclobenzaprine, sertraline, Vicodin, Lexicol XL, and Ultram. On physical examination, the physician reported there was decreased range of motion in the cervical spine and tenderness to palpation of the lumbar spine. The treatment plan included flexibility exercises. Within the most recent clinical note dated 03/10/2014, the injured worker had complaints of right leg pain and numbness that had been present for 1 week. He reported he had increased pain in his right lower extremity, anterior and laterally, and it increased with weight bearing. The clinical note provided was incomplete. The current request is for 6 sessions of physical therapy for the lumbar spine. The rationale was not provided for the request. The referral for authorization was not provided within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of physical therapy for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

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

Decision rationale: The current request for 6 sessions of physical therapy for the lumbar spine is non-certified. The California MTUS Guidelines indicate that physical medicine is recommended based on the philosophy that therapeutic exercises and/or activities are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy also requires an internal effort by the individual to complete a specific exercise or task and are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines for physical medicine allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. The recommended treatments for myalgia and myositis is 9 to 10 visits over 8 weeks and for neuralgia, neuritis, and radiculitis, it is 8 to 10 visits over 4 weeks. Per the clinical documentation provided, it indicated the injured worker had continued to have right leg pain and back pain. However, his injury happened in 2000 and it was unclear as to how many treatments the injured worker had received prior to his visit on 03/10/2014. The records submitted also were incomplete and did not provide physical examination findings and/or at treatment plan recommendation. The clinical documentation also failed to provide the rationale to support the need for 6 sessions of physical therapy for the lumbar spine. As such, the request for 6 sessions of physical therapy for the lumbar spine is non-certified.