

Case Number:	CM14-0038343		
Date Assigned:	06/25/2014	Date of Injury:	07/01/2013
Decision Date:	07/28/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	04/01/2014

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 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:

This is a 27-year-old male who sustained a remote industrial injury on 07/01/13 diagnosed with sprain/strain of the lumbar region. Mechanism of injury occurred when the patient was carrying furniture backwards upstairs and felt a pop in his low back. The request for Additional Physical Therapy 2 times 4 was non-certified at utilization review due to the patient completing a sufficient number of physical therapy sessions to establish a home exercise program. The most recent progress note provided is 04/01/14. Patient complains primarily of persistent lumbar pain rated as a 6-7/10 and paresthesias in bilateral lower extremities. Patient reports no improvement with acupuncture but good relief with a TENS unit. Physical examination findings reveal limited range of motion of the lumbar spine with extension as the most painful; tenderness to palpation at right sacroiliac joint and lumbosacral region; resisted strength of 4/5 for bilateral lower extremities; decreased sensation of bilateral distal extremities; and positive straight leg raise on the right. Current medications have been discontinued except for a topical cream. It is noted that the patient has completed a total of 24 non-consecutive physical therapy sessions. Provided documents include several progress reports, physiotherapy daily notes, acupuncture progress notes, lab results, a Utilization Review appeal, and several requests for authorization for medical treatment. The most recent Physiotherapy progress note highlights the patient completed 6 consecutive physical therapy sessions and requests 8 more sessions to achieve goals that are not outlined. The patient's previous treatments include physical therapy, medications, acupuncture, and a TENS unit. Imaging studies provided include an magnetic resonance imaging (MRI) of the lumbar spine, performed on 11/22/13. The impression of this MRI reveals at L4-5, annular bulge, degenerative spurring, and moderate to severe central canal stenosis with moderate bilateral foraminal and lateral recess stenosis; at L3-4, a 3-4 mm right paracentral protrusion, degenerative spurring, and moderate to severe central canal and right lateral recess stenosis with

moderate bilateral foraminal and lateral recess stenosis; and at L5-S1, moderate to severe bilateral foraminal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2x4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296-299, 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: According to California Medical Treatment Utilization Schedule (MTUS) guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Provided documentation notes that the patient has participated in at least 24 physical therapy sessions. However, the treating physician does not document limitations that would necessitate more physical therapy sessions over the patient continuing therapy in a safe home exercise program. Further, specific goals for more sessions are not thoroughly outlined and the body part for the current request is not specified. Thus, the request for Additional Physical Therapy 2 times 4 to an unspecified body part is not medically necessary and appropriate.