

Case Number:	CM14-0044477		
Date Assigned:	07/02/2014	Date of Injury:	02/26/2014
Decision Date:	10/01/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/11/2014

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 Family 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 66-year-old female with a 2/26/14 date of injury. The mechanism of injury to the lumbar spine was not stated. Progress notes from an urgent care dated 3/14/14 where the patient presented state that she reported moderate, sharp, intermittent low back pain with numbness on front of thighs for 14 days. Physical findings were noted tenderness/spasm of the thoracolumbar spine/paravertebral musculature, restricted ROM of the back, and difficult heel/toe ambulation. The patient had positive Straight Leg Raise test, but normal DTR's. Thoracic Lumbar and Diagnostic x-rays were normal. Diagnostic impression: Lumbar Sprain and Strain, Lumbar Radiculopathy. Treatment to date: modification in activities, medication management, and physical therapy sessions X12. A UR decision dated 4/10/14 denied Physical Therapy to the Lumbar Spine 3X4 due to the lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the lumbar spine 3 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

Decision rationale: CA MTUS does not address this issue specifically. ODG Physical Therapy Guidelines -Allow for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home PT. Lumbar sprains and strains (ICD9 847.2): 10 visits over 8 weeks. This patient has had already had 12 physical therapy sessions for this problem. This amount of physical therapy exceeds the recommendation for therapy for these diagnoses. There was no documentation of the rationale for continued physical therapy going forward, nor about the patient transitioning to home-based exercises. Therefore, the request for physical therapy to the lumbar spine 3x4 was not medically necessary.