

Case Number:	CM14-0046008		
Date Assigned:	07/02/2014	Date of Injury:	09/13/2006
Decision Date:	08/13/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/14/2014

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 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 38-year-old male with a reported date of injury on 09/13/2006. The mechanism of injury was noted to be from a lifting injury. His diagnoses were noted to include; lumbar disc disease with radiculitis and insomnia secondary to pain. His previous treatments were noted to include physical therapy and medications. The physical therapy note dated 02/04/2014 indicated the injured worker's lumbar spine had no improvement noted. The progress note dated 02/08/2014 revealed the injured worker reported his low back symptoms had improved following the completion of physical therapy. The injured worker rated his pain as 4 out of 10 and revealed the medications helped with approximately 90% of his symptoms without any side effects and allowed him to get out of bed and perform some activities of daily living and some light exercise. The physical examination revealed tenderness to palpation to the lower lumbar paraspinal muscles and decreased range of motion to his lumbar spine on flexion and extension. Straight leg raises were negative and no motor or sensory deficits were noted. The Request For Authorization was not submitted within the medical records. The request was for 12 physical therapy visits for the lumbar spine. Continue functional improvement and progressive pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical therapy visits for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Lumbar sprains and strains.

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

Decision rationale: The injured worker has completed previous physical therapy sessions. The California Chronic Pain Medical Treatment Guidelines recommend active therapy 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 test. This form of therapy requires supervision from a therapist or medical provider such as visual and/or tactile instructions. The 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 an exercise with or without mechanical resistance and functional activities with assistive devices. Recommendation for myalgia and myositis is 9 to 10 visits over 8 weeks. There is a lack of documentation regarding current measurable objective functional deficits with regards to range of motion and motor strength, as well as quantifiable objective, functional improvement with previous physical therapy sessions. There is also lack of documentation regarding the number of physical therapy sessions completed. Therefore, due to the lack of documentation regarding current measurable objective functional deficits and quantifiable objective functional improvements, with an unknown physical therapy sessions completed, physical therapy is not appropriate at this time. Additionally, the request for 12 sessions of physical therapy exceeds guideline recommendations. Therefore, the request is not medically necessary.