

Case Number:	CM14-0047822		
Date Assigned:	07/02/2014	Date of Injury:	12/22/2010
Decision Date:	08/14/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/16/2014

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 44 year old female with a date of injury on 12/22/10, who has been diagnosed with lumbar disc disorder, facet arthropathy, and radiculopathy. Progress note dated 10/14/13 indicated that she was complaining of low back pain, which increased since her last visit. Her pain level was a 7/10. Her medications include Naprosyn, Lidoderm, Pepcid, Neurontin, and Nucynta which were working well. A magnetic resonance imaging scan of the lumbosacral spine has showed degenerative disc disease and facet arthropathy. On exam, she had tenderness at the cervical spine with limited range of motion. Lumbar range of motion is limited by pain. Spinous process tenderness was noted on L3, L4, and L5. The straight leg raise was positive bilaterally. The strength was decreased in the lower extremities, and sensation was grossly intact. The request for 12 sessions of physical therapy was previously modified to 3 in order to review the home exercise program. She has completed 3 physical therapy visits and noted 50% pain reduction in her back and lower extremities.

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 over one month to the lumbar spine: Upheld

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

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

Decision rationale: MTUS Guidelines state that treatment should allow for fading of treatment frequency (from 3 to 1 or less per week) plus self-directed physical medicine. The injured worker is instructed and expected to continue active therapies at home as an extension of the treatment progress in order to maintain improvement levels. In this case, the injured worker received 3 physical therapy visits which provided her with some improvement. There is no documentation of any new events or flare ups. Accordingly, she should have been transitioned to a home exercise program by now. Therefore, the request is not medically necessary.