

Case Number:	CM14-0050071		
Date Assigned:	07/07/2014	Date of Injury:	08/23/2011
Decision Date:	09/12/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/17/2014

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:

This is a 27-year-old female with an 8/23/11 date of injury after picking up a bucket of wax and felt something pop in her back. She was seen on 10/22/13 where it was noted she had an MRI of the L spine showing a minor disc protrusion at L4.5 with preexisting disc desiccation and the other levels were unremarkable. Electrodiagnostic studies of the lower extremities were normal. It was also noted that the patient declined a lumbar epidural steroid injection. Her symptoms were thought to be primarily due to a muscular injury. Physical therapy and a home core-strengthening program were recommended at that time. She was seen again on 3/3/14 for low back pain follow up. She claims her symptoms persisted especially in cold weather and her medications are helping. Exam findings revealed tenderness to the L spine with spasm and restricted range of motion. The diagnosis is lumbar radiculopathy. Treatment to date: medications, neurostimulation therapy, physical therapy x 19, ESWTA UR decision dated 3/25/14 denied the request, as there was no evidence of prior physical therapy treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Core strengthening exercise program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation ACOEM Pain, Suffering, and the Restoration of Function Chapter 6 (page 114).

Decision rationale: With regard to physical therapy, CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. A core-strengthening program is being requested, yet the components of the program are not specified and are unclear. In addition, the patient apparently has had 19 sessions of physical therapy yet there is a lack of documentation with regard to these visits and whether there was any functional improvement. The rationale for this request is unclear, as the patient has had 19 sessions of physical therapy and should have transitioned to a home exercise program by now. Therefore, the request for a core strengthening exercise program was not medically necessary.