

Case Number:	CM14-0051096		
Date Assigned:	07/07/2014	Date of Injury:	05/21/2013
Decision Date:	08/14/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/18/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 39-year-old male who reported an injury on 05/21/2013. The mechanism of injury was a fall. His current diagnoses include; lumbago, L5-S1 left-sided HNP and left leg sciatica. His previous treatments included physical therapy, medications and a TENS unit. Per the clinical note dated 03/26/2014, the injured worker reported right-sided neck pain, right shoulder blade pain with propping, left lower back pain, left leg pain, left foot pain, dizziness, and diminished alertness and concentration. He also reported chronic left lower back pain with radiation into the left leg and left foot. He reported his symptoms were increased with prolonged standing and walking. The physician reported the injured worker had an MRI of the lumbar spine on 01/17/2014 that revealed an L5-S1 disc desiccation with a 7-8 mm left posterolateral disc herniation abutting the transitioning S1 nerve root. On physical examination of the lumbar spine, the physician reported there was diffuse tenderness and spasms across the lower lumbar spine, more so on the left side. There was tenderness noted at the left sciatica notch. The lumbar flexion brought his fingertips to the level of the knees with the knees slightly flexed and extension was 10 degrees. The right and left lateral tilts were 10 degrees with left lower back pain at each of those limits. The physician reported the sensations were intact in the lower extremities. Reflexes remained unchanged and the straight leg raising test on the left produced low back pain but no sciatica and on the right was negative for back pain and leg pain. The physician's treatment plan included a request for 6 additional sessions of physical therapy for the lumbar spine. The rationale for the request was not provided. The Request For Authorization was not provided in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines state that physical medicine is recommended based on the philosophy that therapeutic exercises and/or activities are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. This form of therapy may require supervision from a therapist or a medical provider. Patients are instructed and expected to continue activity therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. The recommended sessions for myalgia and myositis are 9 to 10 visits over 8 weeks and neuralgia, neuritis and radiculitis, 8 to 10 visits over 4 weeks. The clinical documentation provided indicated the patient had received prior physical therapy sessions. However, it was unclear in the documentation of how many sessions the patient had attended and if there were functional gains made with the therapy. The documentation also failed to indicate if he was participating in a home exercise program. Therefore, due the lack of documentation, indicating the number of session of physical therapy the injured worker had completed, if there were objective functional gains, and if he was participating in a home exercise program. The request also failed to provide the number of sessions being requested. As such, the request for Lumbar Physical Therapy is not medically necessary.