

Case Number:	CM14-0053266		
Date Assigned:	07/07/2014	Date of Injury:	03/26/2007
Decision Date:	08/06/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/21/2014

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 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 30-year-old female who reported an injury on 03/26/2007 caused by carrying a bag of coins. In 11/2013, it was noted that the injured worker was pregnant and was due 03/01/2014. According to the medical records dated 11/13/2013, the injured worker's medications included naproxen, Flexeril, Norco, and Vicodin. On 04/09/2014, the injured worker complained of low back pain and lumbar pain. It was noted that the back pain was described as aching, burning, stabbing, throbbing, shooting and had spasms going down her legs. The injured worker indicated that the back pain was worsened by flexion and extension. It was reported that the injured worker had radicular pain in the right and left leg and weakness in the right and left leg. On the physical examination of the lumbar spine, positive pelvic thrust on the left was noted and a positive FABER (flexion, abduction, external rotation, and extension) maneuver on the left and pain to palpation over the L3-4, L4-5 and L5-S1 facets bilateral with rotational extension indicating of the facet capsular tears bilateral and secondary myofascial pain with triggering. She had decreased range of motion and findings for trochanteric bursitis along with myofascial pain. It was noted that the injured worker's pain scale was a 7/10 being the worst and a 1/10 being the least. The diagnoses included lumbago and displacement of the lumbar intervertebral disc without myelopathy. It was documented that the injured worker had 12 authorized physical therapy sessions for the low back and the results were not documented. The treatment plan included for a decision on physical therapy 2 times a week for 6 weeks for the low back. The request for authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xwk x 6 wks Low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Physical Therapy.

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

Decision rationale: The request for physical therapy 2 times per week for 6 weeks for the low back is not medically necessary. Per the Chronic Pain Medical Treatment Guidelines states, that physical medicine provides short-term relief during the early phases of pain treatment, and is directed at controlling symptoms such as pain, inflammation, and swelling, and to improve the rate of healing soft tissue injuries. It can be used sparingly with active therapy to help control swelling, pain, and inflammation during the rehabilitation process. Active therapy is 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. Therapy requires an internal effort by the individual to complete a specific exercise or task. The guidelines also states that for fading of treatment frequency (from up to three visits per week to one or less), plus active self-directed home Physical Medicine, and for Myalgia and myositis, unspecified 9-10 visits over 8 weeks. Patients are instructed and expected to continue active therapy at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include with or without mechanical assistance or resistance in functional activities with assistive devices. The document provided on 04/09/2014 lacked evidence of conservative care measures such as the outcome measures of the previous physical therapy treatments on the low back. In addition, there was no rationale provided to warrant physical therapy for the low back for the injured worker. Therefore, the request is not medically necessary.