

Case Number:	CM14-0055097		
Date Assigned:	07/07/2014	Date of Injury:	10/14/2012
Decision Date:	09/10/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/24/2014

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 patient is a 40-year-old female who has submitted a claim for displacement of lumbar intervertebral disc without myelopathy associated with an industrial injury date of October 14, 2012. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of persistent low back pain and tailbone pain. On lumbar spine examination, patient was noted to have normal gait, and lumbar lordosis. There was tenderness over the lower back area at the L5-S1 facet joints, and the coccyx and tailbone area. Range of motion was limited secondary to pain with flexion 60% of normal, extension 40% of normal, and side to side bending 80% of normal bilaterally. The motor strength, sensory and reflex exams were normal. Straight leg raising at 60 degrees of extension on the right side radiated into the lateral thigh and leg. Straight leg raising on the left was negative. MRI of the spine demonstrated disc bulging at L4-L5. Treatment to date has included anti-inflammatory medications, pain medications, physical therapy including 8 sessions of PT of the lumbar spine, acupuncture, and continuing chiropractic treatment. Utilization review from March 26, 2014 denied the request for additional physical therapy 2 x 6 to the lumbar spine because the patient had already completed the CA MTUS Guideline recommendation of 8 to 10 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2 x 6 to the Lumbar Spine: 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 Medicine Page(s): 98-99.

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In addition, 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 guidelines recommend a total of 8 to 10 visits for neuralgia. In this case, the patient had already completed 8 visits of physical therapy to the lumbar spine. It is unclear why patient cannot transition to a home exercise program. Moreover, there was no evidence of functional outcomes derived from previous sessions to warrant additional PT visits. Therefore, **ADDITIONAL PHYSICAL THERAPY 2 x 6 TO THE LUMBAR SPINE** is not medically necessary.