

Case Number:	CM14-0059216		
Date Assigned:	07/09/2014	Date of Injury:	10/14/2004
Decision Date:	09/09/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/30/2014

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 Nevada. 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 records presented for review indicate that this 42 year-old individual was reportedly injured on 10/14/2004. The mechanism of injury is noted as a trip and fall. The most recent progress note, dated 3/6/214, indicates that there are ongoing complaints of chronic low back pain. The physical examination demonstrated lumbar spine, scar no signs of inflammation, positive straight leg raise on the right, straight leg raise on the left normal, positive tenderness to palpation of the lumbar intervertebral spaces on palpation, palpable twitch response trigger points are noted in the lumbar paraspinal muscles, quadratus lumborum bilaterally, antalgic gait, positive right foot drop, limited range of motion with pain, motor strength is grossly normal except right lower extremity, foot drop noted, lower extremity sensation absent throughout the right S1 and foot and with giveaway phenomenon, right shoulder tenderness to direct palpation of the tendons of the rotator cuff on the anterior aspect of the right shoulder and pain across the deltoid bursa, unable to elevate arm above 80-90. No recent diagnostic studies are available for review. Previous treatment includes lumbar spine surgery, physical therapy, biofeedback, chiropractic care, pool therapy, psychological assessment, pain medication, and conservative treatment. A request had been made for physical therapy for the low back #8 sessions and was not medically necessary in the pre-authorization process on 4/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) physical therapy for the low back: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 98, 99 of 127.

Decision rationale: MTUS guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis and recommend a maximum of 10 visits. The claimant has chronic low back pain and review of the available medical records, fails to demonstrate an improvement in pain or function. The claimant underwent unknown number of physical restoration therapy in the past and in the absence of clinical documentation to support additional visits, this request is not medically necessary.