

Case Number:	CM14-0062019		
Date Assigned:	07/11/2014	Date of Injury:	03/15/2013
Decision Date:	10/09/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/05/2014

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 36 year old male who sustained work-related injuries on March 15, 2013. The physical therapy notes dated March 28, 2014 documented that the injured worker had several visits performed last year. The injured worker indicated that the physical therapy and the home exercise program did not help much and his back pain was getting worse. On examination, his pain was rated at 5/10 with tightness and pain in the bilateral and lumbar paravertebral musculature. The most recent medical records dated May 14, 2014 document that the injured worker's pain level was rated 8-9/10 but with medications his pain was rated as 6-7/10. He reported that he has one more physical therapy session which he has found to be quite helpful as well as the home exercise program. Overall, he felt improvement but reported occasional sharp pain radiating from the buttocks to the bilateral feet. His x-rays were unremarkable; his range of motion was improved as well as his full extension and flexion. Less guarding was noted in all planes except lateral bending and rotating. Both movements were mildly reduced with pain in the right flank when moving in either direction. Moderate tenderness with spasm was noted (greater on the right side than the left) in the paraspinal muscles, sacroiliac joint, and glutes. His seated straight leg raising test was positive. He had hamstring and medial thigh pain that was greater on the right side than the left. He is diagnosed with thoracic spine sprain and strain, lumbar spine sprain and strain, and myofascial pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue Physical Therapy twice weekly for 4 weeks Lumbar Thoracic: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

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

Decision rationale: According to evidence-based guidelines, additional physical therapy sessions can be warranted if there is documentation of an increase in pain levels as well as documentation of functional improvements. The most recent medical records and physical therapy notes indicate that his pain was rated 5-7/10. There was no documented functional improvement. The gap between the last physical therapy notes available and the most recent evaluation has been two months. He has been engaging in a home exercise program which can be attributed to the improvement of physical examination findings. Due to the absence of the requisites prior to continued or additional physical therapy sessions, the large gap between last physical therapy session and the most recent office visit, the medical necessity of the requested physical therapy sessions twice a week for four weeks is not established. Therefore the request is not medically necessary.