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| Case Number: | CM14-0062649 | | |
| Date Assigned: | 07/11/2014 | Date of Injury: | 08/24/2012 |
| Decision Date: | 09/09/2014 | 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 and Rehabilitation and is licensed to practice in Illinois. 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 44-year-old female who reported an injury on 08/24/2012 due to a slip and fall at work. The injured worker was diagnosed with lumbar disc disease. The injured worker was provided with physical therapy, 2 sessions a week for 3 weeks. The injured worker received an epidural steroid injection. Previous diagnostic studies were performed including an x-ray of the lumbar spine which was performed on 10/07/2012, an MRI of the lumbar spine was performed on 10/26/2012, and an MRI of the lumbar spine was performed on 10/07/2013. The clinical note dated 02/24/2014 noted the injured worker presented with tenderness to palpation of the paralumbar region to deep palpation. There was no evidence of multiple subcutaneous nodules. Range of the lumbar spine with flexion was 60/70, extension was 30/30, lateral bending was 15/15 and rotation was 25/25. The physician noted the injured worker was approved for eight sessions of physical therapy. On 04/07/2014 the injured worker reported some improvement to her symptoms. The physician noted no tenderness to palpation of the paralumbar region to deep palpation. There is no evidence of multiple subcutaneous nodules. There are normal thoracic and lumbar curves with no flattening. There was no winging of the scapula. There was no scoliosis and the sciatic stretch sign was negative. Range of the lumbar spine with flexion was 65/70, extension was 25/30, lateral bending was 20/20 and rotation was 30/30. The injured worker was prescribed Lidoderm patches and Ibuprofen for pain. The physician's treatment plan included recommendations for a repeat lumbar epidural steroid injection and continuation of current medications. The physician was requesting physical therapy 2 times a week for 4 weeks to the lumbar spine. The provider recommended additional therapy as therapy seemed to be helping. The Request for Authorization form was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 4 weeks, Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back and 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 a week for 4 weeks for the lumbar spine is not medically necessary. The California MTUS Guidelines recommend allowing for fading of treatment frequency from up to 3 visits per week to 1 or less, along with active self-directed home physical medicine. The guidelines recommend 8-10 visits over 4 weeks. Approval of eight sessions of physical therapy was noted on 02/24/2014. On 04/07/2014 the injured worker reported some improvement to her symptoms. Range of the lumbar spine with flexion was 65/70, extension was 25/30, lateral bending was 20/20 and rotation was 30/30. There was improvement noted after receiving a physical therapy sessions; however, there is a lack of documentation indicating how many sessions the injured worker has completed. As such, the request is not medically necessary.