

Case Number:	CM14-0064592		
Date Assigned:	07/11/2014	Date of Injury:	01/05/2014
Decision Date:	08/21/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/07/2014

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 injured worker is a 63-year-old female who reported an injury after she fell on 01/05/2014. The clinical note dated 06/11/2014 indicated diagnoses of lumbar strain, 4 mm central disc protrusion at L5-S1 without canal or foraminal stenosis, 1 mm anterolisthesis and disc bulge at L4-5 without canal or foraminal stenosis, and L2-3 and L3-4 minimal disc bulges without canal or foraminal stenosis. The injured worker reported pain in her coccyx, left side, and lower back. The injured worker reported low back pain that was intermittent that increased when sitting, walking, and sleeping. The injured worker reported at night she got out of bed due to the pain in the left buttock and numbness in her legs. The injured worker reported low back pain was her most severe symptom. The physical examination of the lumbar spine revealed range of motion of the lumbar extension was moderately decreased, right lateral flexion was moderately decreased, and left lateral flexion was moderately decreased. The injured worker reported she underwent lumbar spine physical therapy 3 to 4 times, which did not provide relief. The injured worker's prior treatments included diagnostic imaging, physical therapy, and medication management. The provider submitted a request for additional physical therapy of the lumbar spine. The Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additonal Physical Therapy 2xwx6Wks Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98.

Decision rationale: The request for additional physical therapy 2 times per week for 6 weeks, in treatment of the lumbar spine is not medically necessary. The California MTUS state that 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. The guidelines note injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There is a lack of documentation indicating the injured worker's prior course of physical therapy, as well as the number of sessions (including the efficacy of the prior therapy). In addition, there is a lack of documentation including an adequate and complete physical examination demonstrating the injured worker has decreased functional ability, decreased range of motion, and decreased strength or flexibility. Moreover, the injured worker reported the prior therapy to the lumbar spine did not provide relief. Therefore, the request for physical therapy is not medically necessary.