

Case Number:	CM14-0066367		
Date Assigned:	07/11/2014	Date of Injury:	02/25/2012
Decision Date:	08/18/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/09/2014

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 Sports Medicine and is licensed to practice in Texas and New York. 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 34-year-old female with a reported date of injury on 02/25/2012. The injury reportedly occurred while the injured worker was lifting a mattress to put on new sheets. Her diagnoses were noted to include lumbar radiculopathy, lumbar sprain and strain, lumbar degenerative disc disease, muscle spasm and myofascial tender points. Her previous treatments were noted to include; physical therapy, acupuncture, home exercise program and medications. The progress note dated 02/04/2014 revealed the injured worker complained of low back pain. The physical examination revealed painful lumbar flexion and extension and mild lumbar spasms bilaterally. The lumbar range of motion was noted to be; flexion was to 45 degrees, extension was to 15 degrees, left lateral bending to 15 degrees and right lateral bending was to 15 degrees. The Request for Authorization dated 02/04/2014 was for physical therapy 2 times a week for 3 weeks; however the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) Physical therapy sessions for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines Low back chapter.

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

Decision rationale: The injured worker has decreased range of motion noted. The California Chronic Pain Medical Treatment Guidelines recommend active therapy 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. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instructions. Patients are instructed and are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The guidelines recommend for myalgia and myositis 9 to 10 visits over 8 weeks of physical therapy. The request is for initial physical therapy or additional physical therapy. There is evidence of current measurable objective functional deficits; however, there is a lack of documentation regarding quantifiable objective functional improvements with 3 days of physical therapy and a number of sessions completed. Therefore, the request for six (6) Physical therapy sessions for the lumbar spine is not medically necessary and appropriate.