

Case Number:	CM14-0067584		
Date Assigned:	07/11/2014	Date of Injury:	01/07/2013
Decision Date:	09/25/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/12/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 49-year-old male who reported an injury on 01/07/2013. The mechanism of injury was noted to be a fall. He is diagnosed with lumbago. His past treatments were noted to include medications, work restrictions, chiropractic care, and epidural steroid injections. A 01/28/2014 clinical note indicated that the injured worker had been authorized for physical therapy and that treatment would be scheduled. On 04/08/2014, the injured worker presented with complaints of low back pain. His physical examination findings included palpable tenderness over the lumbar spine, the ability to perform forward flexion with limitations, and a mildly antalgic gait. His medications were noted to include gabapentin and ibuprofen. His treatment plan included medication refills. It was also noted that physical therapy and a functional capacity exam would be requested. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6 Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25.

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

Decision rationale: According to the California MTUS Guidelines, physical therapy may be recommended, up to 10 visits, in the treatment of unspecified myalgia and myositis to promote functional gains. The clinical information submitted for review indicated that the injured worker had limitations in flexion of the lumbar spine. However, his range of motion values were not quantified within the physical examination findings. In addition, the 01/28/2014 note indicated that the injured worker had been approved for physical therapy. Therefore, further details are needed regarding the number of visits completed to date and objective functional gains made in order to determine whether continued physical therapy would be supported. Additionally, the request for physical therapy 2 times a week for 6 weeks exceeds the guidelines recommendation for a maximum of 10 visits. For the reasons noted above, the request is not medically necessary.

Functional capacity evaluation for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89.

Decision rationale: According to the California MTUS/ACOEM Guidelines, the determination of injured worker's functional limitations may require a functional capacity evaluation. The clinical information submitted for review failed to provide a rationale for the requested functional capacity exam. It was noted that the injured worker had limitations in range of motion; however, detailed documentation regarding objective measurements of the injured worker's functional limitations were not provided. In the absence of further clarification regarding the need for a functional capacity evaluation to determine the injured worker's functional deficits, the request is not supported. As such, the request is not medically necessary.