

Case Number:	CM14-0070260		
Date Assigned:	07/14/2014	Date of Injury:	04/02/2012
Decision Date:	09/15/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/15/2014

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 underlying date of injury in this case is 04/02/2012. The patient's diagnoses include lumbago, lumbosacral sprain, and lower limb radicular symptoms. On 04/05/2014, the treating chiropractor saw the patient in follow-up with a severe flare of low back pain and severe pain radiating to the left leg. On exam the patient had painful limited motion of the lumbar spine, including limitation of 60 degrees of flexion and then the onset of low back pain. The patient could not perform a double leg raise due to pain. The treating physician noted that an MRI demonstrated a disc protrusion. The patient was felt to have a flare of pain. Physical therapy was recommended weekly for 8 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Including EMS (Electromuscular stimulation) , Manual Therapy, Therapeutic Exercises, 8 Visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official disability guidelines ,low back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, and Neuromuscular Electrical Stimulation Page(s): 99, 121.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on physical medicine, page 99, recommends transition to active independent home rehabilitation; in the current chronic setting, an emphasis on passive modalities would not be supported by the guidelines. Moreover, the current request emphasizes treatment with electrical muscle stimulation. The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on neuromuscular electrical stimulation, page 121, states that "neuromuscular electrical stimulation is not recommended for pain but rather is used primarily as part of a rehabilitation program following stroke," which would not apply in this case. Overall, the current request for physical therapy is not supported by the treatment guidelines. This request is not medically necessary.