

Case Number:	CM14-0073154		
Date Assigned:	07/16/2014	Date of Injury:	11/09/2012
Decision Date:	09/22/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/20/2014

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 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 30-year-old female who reported an injury on 11/09/2012. The mechanism of injury was not provided. On 02/26/2014, the injured worker presented with pain in the low back. Upon examination, there was focal tenderness over the L4-S1 and superior iliac crest with motor strength testing intact. The lumbar range of motion values was 40 degrees of forward flexion and 20 degrees of extension. The diagnoses were lumbosacral sprain/strain, thoracic sprain/strain, annular tear L4-5, and disc bulge L5-S1. Prior treatment included medications. The provider recommended physical therapy 2 times a week for 6 weeks for the thoracic and lumbar spine. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two times a week for six weeks for the Thoracic and Lumbar Spine:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The request for physical therapy 2 times a week for 6 weeks for the thoracic and 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. 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 was a lack of documentation indicating the injured worker's prior course of physical therapy as well as the efficacy of the prior therapy. The guidelines recommend up to 10 visits of physical therapy; the amount of physical therapy visits that have been completed were not provided. Additionally, 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 and there is no significant barriers to transitioning the injured worker to an independent home exercise program. As such, the request is not medically necessary.