

Case Number:	CM14-0074071		
Date Assigned:	07/16/2014	Date of Injury:	11/14/2005
Decision Date:	09/16/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/21/2014

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 Occupational Medicine 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 patient is a 49 year old female who has submitted a claim for sprain lumbar region associated with an industrial injury date of November 14, 2005. Medical records from 2014 were reviewed, which showed that the patient complained of mild to moderate low back pain that radiates to the lower extremities. There was significant pain with flexion and extension. Examination of the lumbar area revealed that there was normal sagittal balance of the lumbosacral spine with no abnormal lordosis, kyphosis or scoliosis. There was a well-healed and nontender midline surgical incision of the lower lumbar spine. There was also a moderate paraspinal muscle guarding and tenderness. Range of motion examination showed flexion of 10 degrees, extension of 5 degrees with pain, left lateral bending of 5 degrees and right lateral bending of 5 degrees. Straight leg raising test was positive at 80 degrees on both right and left but the location of pain was not mentioned. Sciatic stretch sign was negative bilaterally. Treatment to date has included decompression laminectomy and discectomy L3-4, L4-5 and L5-S1 with pedicle screw fixation, bone graft and posterior interbody fusion with implants (August 16, 2011). Due to unavailability of records prior to 2014, it is not clear if the patient has undergone other forms of treatment. Utilization review from April 23, 2014 denied the request for physical therapy 3x4 lumbar because there was inadequate information particularly regarding the patient's complaints, medications and physical examination findings. The purpose for the PT (for medical or postoperative treatment) was also not clear, and there was no documentation of prior PT sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3X4 lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, lumbar sprains and strains.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical Therapy.

Decision rationale: According to pages 98-99 of the MTUS Chronic Pain Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. The ODG recommends 10 visits of physical therapy over 8 weeks for patients with lumbar spine sprain/strain. In this case, it is indeed not clear if the physical therapy is requested as medical treatment of the preceding injury or as postsurgical treatment. Due to unavailability of records prior to 2014, it is also not clear whether the patient had undergone prior PT and whether there was subjective/objective/functional improvement had there been prior sessions. Moreover, the request for 12 physical therapy visits exceeds the guidelines recommendations of 10 visits for cases of lumbar strain. It is unclear as to why variance from the guidelines is needed. As such, the request is not medically necessary and appropriate.