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| Case Number: | CM14-0075329 | | |
| Date Assigned: | 07/16/2014 | Date of Injury: | 08/15/2011 |
| Decision Date: | 08/14/2014 | UR Denial Date: | 05/02/2014 |
| Priority: | Standard | Application Received: | 05/23/2014 |

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 Illinois. 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 43-year-old male with a reported date of injury on 08/15/2011. The injury reportedly occurred when the injured worker's back gave out while attempting to put a bottle on a dolly. His diagnoses were noted to include status post posterolateral fusion to L3-4 and L4-5. The progress note dated 05/06/2014 revealed the injured worker reported having an increase in pain and had been very tired. The injured worker revealed his pain medication was not strong enough for him anymore and he did not get any pain relief. The physical examination of the lumbar spine revealed no crepitation, decreased range of motion, and pain with extreme flexion, which also elicited pain coming back to an upright position. The physical examination of the lower extremities revealed the right lower extremity had a positive straight leg raise and stability with no evidence of subluxation or laxity. The left lower extremity revealed straight leg positive with a stretching, pulling sensation to the posterior thigh. The motor strength raise was noted to be 4/5. The sensation was decreased in light touch to the left L4 and L5 dermatomes. The provider indicated a request for the injured worker to attend physical therapy twice a week for 4 weeks to the lumbar spine. The progress note dated 06/03/2014 revealed the injured worker reported his pain was intermittent and unpredictable. The injured worker reported grogginess due to not being able to sleep at night, and spasms in the right thigh with moderate pain. The injured worker also complained of weakness and pain in the legs bilaterally. The physical examination of the spine revealed decreased range of motion and pain with extreme flexion, which also elicited pain going back to an upright position, with normal paraspinal strength and tone. The Request for Authorization form dated 06/09/2014 was for physical therapy 2x4 to the lumbar spine; 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:

8 x Physical Therapy sessions to the Lumbar Spine.: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: 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 expected to continue active therapy 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. There is a lack of documentation regarding previous physical therapy sessions, documentation regarding current measurable objective functional deficits, quantifiable objective functional improvements with previous physical therapy sessions and number completed. Therefore, due to the lack of current measurable objective functional deficits and quantifiable objective functional improvements and number of previous physical therapy sessions, physical therapy is not warranted at this time. Therefore, 8 x Physical Therapy sessions to the Lumbar Spine are not medically necessary.