

Case Number:	CM14-0078020		
Date Assigned:	07/18/2014	Date of Injury:	10/10/2008
Decision Date:	08/25/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	05/27/2014

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 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 52-year-old male who reported an injury on 10/10/2008. The mechanism of injury was reported as standing on a rock that turned over and his back gave out. His diagnoses include lumbago and lumbar radiculopathy. His previous treatments included medications, physical therapy, injections, psychotherapy, modified activities, and surgery. The physical therapist reported on 05/28/2013 that the injured worker reported pain at a 5/10 and demonstrated slow but steady progression, and showed minor improvements with his low back pain. Per the clinical note dated 03/11/2014, the injured worker reported he continued to have left-sided low back pain that radiated into his left lower extremity. Per the clinical note dated 05/06/2014, he continued to complain of left lower extremity pain. On physical examination, the physician reported decreased motor strength to 4/5 in the left quadriceps and anterior tibialis muscles. The physician's treatment recommendation included lumbar physical therapy for 6 weeks, biweekly for 12 sessions. The physician also provided prescriptions for tramadol 150 mg and Naprosyn 550 mg. The rationale for the request was not provided in the medical records. The Request for Authorization was not provided in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2X6 (LUMBAR) (X6 SESSIONS): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

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

Decision rationale: The request for physical therapy 2x6 (lumbar) x6 sessions is not medically necessary. The California MTUS Chronic Pain Guidelines state that active therapy is recommended 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. The 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 treatment recommendation for myalgia and myositis is 9 to 10 visits over 8 weeks and neuralgia, neuritis, and radiculitis is 8 to 10 visits over 4 weeks. The clinical documentation indicated that the injured worker had functional deficits, specifically motor strength to 4/5 in the left quadriceps and anterior tibialis muscles, on 05/06/2014. However, it was noted that the injured worker had participated in physical therapy previously, most recently from 03/2013 through 05/2013, and was noted to have made slow and steady progression with the therapy. However, the documentation failed to provide evidence of measurable objective functional gains made with the treatment and the number of visits completed was not provided. The request also exceeds the guideline recommendations for physical therapy sessions. Therefore, despite documentation of objective functional deficits, in the absence of details regarding previous physical therapy treatment including objective functional gains made, number of visits completed, and exceptional factors to warrant additional visits beyond the guidelines' recommendation, the request is not supported. As such, the request for physical therapy 2x6 (lumbar) x6 sessions is not medically necessary.