

Case Number:	CM14-0079879		
Date Assigned:	07/18/2014	Date of Injury:	06/26/2003
Decision Date:	09/18/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/30/2014

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, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Ohio. 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 54-year-old who reported an injury on June 26, 2003 due to an unknown mechanism. Diagnosis was status post lumbosacral surgery. Past treatment was physical therapy. Diagnostic studies were not reported. Surgical history was lumbosacral surgery. Physical examination on January 22, 2014 revealed that the injured worker had attended 12 physical therapy sessions with benefit, but she did not begin lumbosacral range of motion. It was noted that the lumbosacral surgery had provided some benefit to the injured worker. The injured worker had complaints of constant pain in the lumbosacral spine and occasional pain over the posterior aspect of the left calf extending to the foot that was increased by activities of daily living and decreased by medication. There was a complaint of numbness and tingling in the right foot and occasionally the left foot. Examination of the lumbar spine revealed tenderness over the left lumbosacral paravertebral area. There was significant paravertebral spasm, guarding, and asymmetric loss of range of motion. There was an 8 cm lumbosacral surgical scar. Spinal range of motion and straight leg raise were deferred. Neurological exam revealed motor examination was 5/5 throughout the major muscle groups. Sensation was intact in the extremities. Deep tendon reflex to the right and left quadriceps were 2+/2+, and gastrosoleus was 2+/2+. Medications were cyclobenzaprine and tramadol. Treatment plan was for additional physical therapy for the lumbar spine. The rationale was that another provider had diagnosed the injured worker as having fibromyalgia and he indicated that it was time to start physical therapy for strengthening, reconditioning, and increasing range of motion. Also, it was noted that the injured worker had benefited from a limited postoperative therapy program. She was a candidate for additional formal therapy in her postoperative recovery, including strengthening, reconditioning, and range of motion. The Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sixteen physical therapy sessions for the lumbar spine, between April 16 and May 31, 2014:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability guidelines.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of nine to ten visits for myalgia and myositis and eight to ten visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. It was not reported what type of spinal surgery the injured worker had. The physical examination dated January 22, 2014 reported that physical therapy had provided some benefit. There were no functional gains reported. It is unknown how many sessions were attended. Therefore, the request for sixteen physical therapy sessions for the lumbar spine, between April 16 and May 31, 2014, is not medically necessary or appropriate.