

Case Number:	CM14-0085404		
Date Assigned:	09/08/2014	Date of Injury:	02/24/2013
Decision Date:	11/20/2014	UR Denial Date:	05/31/2014
Priority:	Standard	Application Received:	06/09/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 29-year-old female with a reported injury on 02/24/2013. The mechanism of injury was heavy lifting. The injured worker's diagnoses included lumbar spondylosis, lumbar muscular strain, and left sacroiliac joint pain. The injured worker's past treatments included medications, physical therapy a total of at least 12 visits, acupuncture, chiropractic care, and the injured worker had declined an epidural steroid injection as of 05/02/2014. The injured worker's diagnostic testing included a lumbar spine x-ray on 04/24/2013 which showed no gross or acute abnormality. On 06/10/2013, an MRI of the lumbar spine revealed mild lumbar spondylosis at L4-5 and L5-S1, no central canal stenosis, and mild foraminal narrowing at L5-S1. The injured worker's surgical history included open reduction internal fixation of the bilateral lower extremities in 2003. On 05/02/2014, the injured worker was evaluated for constant pain on the left lower backside and left buttocks rated at 8/10 to 9/10. The pain radiated to her left hip, left groin, and left leg into the knee and the ankle. She also complained of tingling in her lower back and buttocks as well as numbness and tingling behind the left knee and in the ankle. She reported weakness in her ankle. The pain was aggravated with bending over, lying down on her sides, prolonged walking, prolonged standing in a fixed position, and sitting. The clinician observed and reported a focused examination of the lumbar spine finding spasm at L3-S1 with no deformity, mass or scar. Tenderness was noted over the left sacroiliac joint. Range of motion was measured at 18 inches from the ground of forward flexion, and 60% of normal extension. The injured worker walked without a limp and was able to heel toe walk without focal motor deficit. Strength measurements were 5/5 throughout. Sensory examination and deep tendon reflexes were normal in both lower extremities. The straight leg raise was negative. The injured worker's medications included Norco and ibuprofen.

The request was for 12 additional physical therapy sessions for the lumbar spine. No rationale for this request was provided. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional physical therapy sessions for the lumbar spine: Upheld

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

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

Decision rationale: The request for 12 additional physical therapy sessions for the lumbar spine is not medically necessary. The injured worker complained of constant pain on the left lower backside and left buttocks rated at 8/10 to 9/10. The California MTUS Chronic Pain Guidelines recommend active therapy based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function and range of motion and can alleviate discomfort. The physical medicine guidelines recommend allowing for a fading of treatment frequency plus active self-directed home physical medicine. 8 to 10 visits of physical therapy over 4 weeks are recommended for neuralgia, neuritis, and radiculitis. The injured worker has had 12 sessions of physical therapy, acupuncture and chiropractic care, which exceeds the recommended guidelines. There was no indication that she was participating in a home exercise program. Additionally, a functional examination comparison before and after treatment was not provided for review. Therefore, the request for 12 Additional Physical Therapy sessions for the lumbar spine is not medically necessary.