

Case Number:	CM14-0086072		
Date Assigned:	07/23/2014	Date of Injury:	09/01/2012
Decision Date:	08/29/2014	UR Denial Date:	05/13/2014
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 Physical Medicine and Rehabilitation 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 52-year-old male who reported an injury on 09/01/2012. The injured worker was reportedly involved in a tractor accident. Current diagnoses include low back pain and lumbar spinal stenosis. The injured worker was evaluated on 05/05/2014. The injured worker presented with complaints of persistent lower back pain. Previous conservative treatment includes 2 epidural steroid injections, medication management, and home exercise. The current medication regimen includes gabapentin. Physical examination revealed an inability to perform toe raising on the right, 1+ knee jerk reflexes, 1 to 2+ ankle jerk reflexes, and positive straight leg raising. Treatment recommendations included physical therapy for the low back and right lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to lumbar spine 2-3 times a week for 4 weeks: 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 Page(s): 98-99.

Decision rationale: California MTUS Guidelines state active therapy is 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. As per the documentation submitted, it was noted on a Qualified Medical Examination report, dated 03/07/2014, the injured worker failed 18 sessions of physical therapy. The requesting provider noted on 05/05/2014 that the injured worker has not participated in formal physical therapy. It is unclear whether the injured worker has completed a course of physical therapy for the lumbar spine. There was no documentation of objective functional improvement. Based on the clinical information received, the request is not medically necessary.