

Case Number:	CM14-0089126		
Date Assigned:	07/23/2014	Date of Injury:	10/08/2013
Decision Date:	09/18/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/13/2014

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 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 51-year-old female who reported an injury on 10/08/2013. The injury reportedly occurred after lifting heavy boxes with repetitive bending at work. She is diagnosed with low back pain. Her past treatments included a Medrol dose pack, activity modification, anti-inflammatory medications, muscle relaxants, pain medications, chiropractic treatment, Pilates, and physical therapy. On 04/02/2014, the injured worker had physical therapy and it was noted that she rated her pain 5/10. Her examination revealed a normal gait and she was noted to be able to flex to where her fingertips touched the floor, her extension was within normal limits, her bilateral rotation was reduced by 25%, and bilateral side bending could be performed to where her fingertips were 4 inches above her knee. Her motor strength was noted to be decreased to +4/5 in the bilateral hips and knees. A recommendation was made for Pilates based physical therapy, 2 times a week for 6 weeks. On 06/02/2014, the injured worker was seen for followup by her treating provider. It was noted that she was improving with physical therapy and Pilates, and having minimal discomfort. Her physical examination revealed minimal spasm and tenderness of the lumbar spine and it was noted that her range of motion had increased. The treatment plan included continued physical therapy with Pilates 1 time a week for 12 weeks. A clear rationale for continuation of this treatment was not provided. The Request for Authorization form was submitted on 06/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar PT 1x12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine may be recommended in the treatment of unspecified myalgia or unspecified radiculitis, up to 10 visits, when there is evidence of objective functional gains with previous treatment. The clinical information submitted for review indicated that the injured worker was improving with physical therapy and Pilates treatment. Her recent physical examination revealed that her range of motion was increasing. However, range of motion values were not documented in order to confirm objective functional gains with previous treatment. Therefore, the need for continuing treatment cannot be established. In addition, the documentation failed to indicate the number of visits that the injured worker has previously completed to ensure that she would fall within the recommended maximum of 10 visits. Further, as her recent physical examination failed to indicate whether she had objective functional range of motion or motor strength deficits, it is unclear whether additional physical therapy would be supported over participation in a home based exercise program. For the reasons noted above, the request is not medically necessary.

PILATES 1X12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guideline: Work Loss Data Institute.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

Decision rationale: According to the California MTUS Guidelines, exercise is recommended for patients with chronic pain. However, there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. The clinical information submitted for review indicated that the injured worker was reporting improvement with physical therapy and Pilates. However, objective functional gains were not demonstrated with numeric range of motion and motor strength values. Further, as the guidelines state that there is no evidence to support 1 exercise over another, the request for Pilates would not be supported. As such, the request is not medically necessary.