

Case Number:	CM14-0091185		
Date Assigned:	07/25/2014	Date of Injury:	07/15/2013
Decision Date:	10/09/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/16/2014

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 Emergency Medicine, and is licensed to practice in Texas. 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 50-year-old male with a reported injury on 07/15/2013. The mechanism of injury was a slip and fall. The injured worker's diagnoses included unspecified lumbar disorder, compression fracture, lumbar radiculitis, and dislocated lumbar vertebrae. The injured worker's previous treatments included medications, a back brace, physical therapy, aquatic therapy, and an ambulation aid in the form of a cane. The injured worker's previous diagnostic testing included lumbar spine x-rays on 02/20/2014, which revealed acute traumatic compression fractures suggested at L3 and L4, Schmorls nodes at L3 and L4, minimal discogenic spondylosis at L2-3 and L3-4, and right list of the lumbar spine. No pertinent surgical history was provided. The injured worker was evaluated for complaints of mid lower lumbar region pain on 05/29/2014. He reported no changes in his activity level or pain level since the last visit. The review of systems was negative for neck, muscle, joint, and bone pain. The clinician observed and reported an antalgic gait with the assistance of a cane. The focused lumbar spine examination revealed a restricted range of motion measured as 35 degrees of flexion limited by pain. The paravertebral muscles were positive for spasm, tenderness, tight muscle band, and trigger point bilaterally. The heel and toe walk were abnormal. The facet loading and FABER tests were negative while the straight leg test was positive bilaterally. The injured worker's medications included Celebrex, Nucynta, flexeril, Restoril, and Percocet. The request was for Physical Therapy 2X week X6 weeks for lumbar spine for low back pain, low back syndrome, and thoracic or lumbosacral neuritis or radiculitis. The request for authorization form was submitted on 01/29/2014, 02/25/2014, and 05/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x week x6 weeks for Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The request for Physical Therapy 2x week x6 weeks for Lumbar Spine is not medically necessary. The injured worker complained of mid lower lumbar region pain. 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, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines recommend 8-10 sessions over 4 weeks. The injured worker completed and failed physical therapy and aquatic therapy per the visit note dated 12/11/2013. There is a lack of documentation indicating the injured worker had significant objective functional improvement with the prior physical therapy. The documentation provided did not indicate that the injured worker participated in a home exercise program. There is a lack of documentation objective, measurable functional deficits. Therefore, the request for Physical Therapy 2x week x6 weeks for Lumbar Spine is not medically necessary.