

Case Number:	CM14-0092541		
Date Assigned:	07/25/2014	Date of Injury:	02/05/2014
Decision Date:	09/29/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/18/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 35 year old female who sustained an injury to her low back on 02/05/14 while lifting files into her car. Plain radiographs on 02/06/14 revealed spasm. The injured worker was given Hydrocodone, Methocarbamol, and certified for 8 physical therapy visits. The injured worker underwent physical therapy for 7 visits between 03/10/14 and 04/01/14 that provided minimal benefit. MRI of the lumbar spine dated 05/07/14 reportedly revealed L4-5 and L5-S1 minimal disc bulge without canal, foraminal stenosis, or nerve root impingement. The clinical note dated 05/14/14 reported that the injured worker continued to complain of upper/lower back pain with low back pain that radiated to the bilateral lower extremities and into the feet. Physical examination noted ambulation hunching forward; able to extend to neutral and forward flex to mid-thigh with discomfort; toe/heel walking produced pain across her low back; reflexes at the knees/ankles 1+; sensation grossly intact; 4/5 strength in the EHL bilaterally. The injured worker was diagnosed with lumbosacral strain and radiculitis. She was recommended for an additional 12 visits of physical therapy to address remaining functional deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy/Aquatic Therapy 2 times a week for 6 weeks, L 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 Aquatic Therapy Page(s): 22.

Decision rationale: The previous request was denied on the basis that the injured worker had already had 8 physical therapy visits and 10, by adding 2 more would reach the maximum recommendations listed under the guidelines. There was no indication why the injured worker should not be able to be independent in a home exercise program after previous therapy. Furthermore, it was noted that physical therapy did not provide significant functional benefit. There was no indication that a surgical procedure has been performed and there was no additional significant objective clinical information provided for review that would support the need to exceed the CAMTUS recommendations, either in frequency or duration of physical therapy visits. Given this, the request for Physical Therapy/Aquatic Therapy 2 times a week for 6 weeks for the lumbar spine is not medically necessary.