

Case Number:	CM14-0095293		
Date Assigned:	07/25/2014	Date of Injury:	04/11/2013
Decision Date:	09/10/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	06/23/2014

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 45-year-old female with a reported date of injury on 04/11/2013. The injury reportedly occurred when the injured worker had a syncopal episode at work and fell and hit her head. Her diagnoses were noted to include musculoligamentous sprain to the cervical spine with upper extremity radiculitis, disc bulge C5-6 and 3mm, musculoligamentous sprain to the lumbar spine with lower extremity radiculitis, disc bulge L3-4, disc protrusion L5-S1 (6 mm disc bulge), disc bulge L2-3 (4 to 5 mm), L3-4 (4 to 5 mm), L4-5 (4 mm), and L5-S1 (3 mm), head injury with posttraumatic headaches, acute left C6-7 radiculopathy, and acute bilateral L5-S1 radiculopathy. Her previous treatments were noted to include acupuncture, physical therapy, and medications. The provider indicated the injured worker had 3 physical therapy sessions within the first week of the injury in 2013. However, the provider indicated in 03/23/2013, the injured worker underwent 6 sessions of physical therapy for the neck and back. The progress note dated 06/27/2014 revealed the injured worker complained of constant severe low back pain, left more than right, spreading to the buttocks. The injured worker reported the lower back pain was tingling, with electrical sensation and burning in the left leg down to the first and second toes. The injured worker also complained of weakness of the left leg. The physical examination to the lumbar spine revealed severe paravertebral muscle tenderness bilaterally, left greater than right. There was sciatic notch tenderness, left greater than right and a positive straight leg raise on the left. The range of motion to the lumbar spine was diminished. The sensory examination revealed decreased sensation in the left L5-S1 distribution and deep tendon reflexes were 2+ in the upper extremities and 1+ to the bilateral knees and right ankle and absent in the left ankle jerk. The request for authorization form dated 06/05/2014 was for 12 visits physical therapy 2 times a week for 6 weeks for decreased range of motion and low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Lumbar Spine 2X6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 46.

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

Decision rationale: The injured worker has had previous physical therapy sessions. The California Chronic Medical Treatment Guidelines recommend activity 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The guidelines recommend for neuralgia, neuritis, and radiculitis 8 to 10 visits over 4 weeks. There are conflicting progress notes regarding the number of previous physical therapy sessions attended. There is documentation with current measurable objective functional deficits; however, there is a lack of documentation regarding quantifiable objective functional improvements from previous physical therapy sessions and the total number of sessions completed. Additionally, the request of 12 sessions of physical therapy exceeds guideline recommendations. Therefore, the request is not medically necessary and appropriate.