

Case Number:	CM14-0178380		
Date Assigned:	10/31/2014	Date of Injury:	11/08/2013
Decision Date:	02/06/2015	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/27/2014

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 Internal 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 (IW) is a 26-year-old man with a date of injury of November 7, 2013. The mechanism of injury occurred when the IW was framing with a co-worker on a scissor lift. He was working below his partner when the scissor lift came down and struck him across his lower back, left knee and foot. The injured worker's working diagnoses are lumbar myoligamentous injury with left lower extremity radicular symptoms; left knee internal derangement; and medication induced gastritis. Pursuant to the Comprehensive Pain Management Consultation dated September 3, 2014, the IW complains of low back pain rated 7/10 radiating down the left lower extremity. Pain limits his activities of daily living. Objectively, the IW has an antalgic gait favoring the left lower extremity. Examination of the lumbar spine reveals tenderness to palpation of the posterior lumbar musculature bilaterally. He has increased muscle rigidity. There are numerous trigger points that are palpable and tender throughout the lumbar paraspinal muscles. The IW has decreased range of motion with obvious muscle guarding. Under the history of present illness section, the treating physician reports the IW had a total of 24 outpatient physical therapy (PT) sessions, which only provided temporary relief. The IW was started on pain medication. Current medications include Norco 10/325mg, Anaprox DS 550mg, FexMid 7.5mg, and Prilosec 20mg. There are no prior PT progress notes in the medical record. There is no evidence of objective functional improvement associated with prior PT. The treating physician is recommending medication refills, as well as consideration of a lumbar epidural steroid injection in the near future. The IW received 4 trigger point injections. The current request is for 8 sessions of physical therapy to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 8 sessions of Physical Therapy for the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Section, Physical Therapy

Decision rationale: Pursuant to the MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, eight sessions of physical therapy for the lumbar spine are not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). The Official Disability Guidelines enumerate the frequency and duration of physical therapy based on the physical injury sustained. In this case, the injured worker is a 26 year old man. The working diagnoses are lumbar myoligamentous injury with left lower extremity radicular symptoms; left knee internal derangement; and medication induced gastritis. A comprehensive pain management consultation with review of medical records was performed on September 3, 2014. Under the History of Present Illness Section, the reviewing physician noted the injured worker received a "total of 24 outpatient physical therapy sessions which only provided temporary relief." The documentation does not contain physical therapy notes or documentation with objective functional improvement. There is no clinical rationale in the medical record to support an additional eight physical therapy sessions. Consequently, absent documentation showing objective functional improvement and evidence showing 24 physical therapy sessions provided only temporary relief, eight sessions of physical therapy for the lumbar spine are not medically necessary.