

Case Number:	CM14-0201053		
Date Assigned:	12/11/2014	Date of Injury:	01/22/2007
Decision Date:	01/31/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/02/2014

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 Orthopedic Surgery and is licensed to practice in Georgia. 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 01/22/2007. The mechanism of injury was a slip and fall. Her diagnoses included low back pain. Her past treatments included medications, 24 physical therapy treatments as of 11/11/2014, and a TLSO brace. Diagnostic studies included a CT scan of the thoracic spine, performed on 05/08/2014, which was noted to reveal a solid fusion from T8 to T12 without evidence of hardware failure or nonunion and multiple small calcified midline disc protrusions throughout the upper thoracic spine, most notably at T4-5. The injured worker also underwent an ultrasound evaluation of the bilateral buttock regions, performed on 05/15/2014, which revealed no evidence of pathologic change. Her surgical history included C5-7 anterior discectomy and cervical fusion performed on 01/18/2012 and multiple laminectomies from the T9 to the pelvis performed in 04/2013. The therapy discharge summary, dated 11/11/2014, indicated the injured worker reported pain at its worst rated 7/10 and at its best rated 4/10. The injured worker also reported feeling more strength with increased stamina and ability to walk farther. The injured worker reported her pain level at this visit was 8/10 to the full spine, right shoulder, left hip, right lateral thigh, and internal lower leg. She described the pain as constant, shooting, tingling, and numbness. The physical examination revealed passive range of motion for the hip: flexion to 90 degrees bilaterally with pain in the right lumbar spine, abduction to 10 degrees bilaterally with pain in the right lumbar spine, internal rotation to 5 degrees bilaterally, and external rotation to 20 degrees bilaterally, both with pain in the right lumbar spine. Decreased sensation to light touch to the bilateral L3, L4, L5, and S1 was also noted. The physical therapy discharge summary, dated 11/11/2014, also indicated the injured worker had made gains with physical therapy and demonstrated improved overall core activation/stabilization and was progressing to more functional stabilization in her right posture/dynamic activities with much less compensatory

strategy. It was also noted that the injured worker demonstrated significant weakness in the right lower extremity throughout, weakness in the lumbopelvic region, decreased balance, poor gait mechanics, decreased bed mobility, and diminished sensation to the lower extremities. Her current medications included Norco 10/325 mg twice a day, gabapentin 400 mg 5 times daily, Ambien 5 to 10 mg at bedtime, Xanax XR 1 mg at bedtime, Cymbalta 120 mg per day, and Prilosec 20 mg (frequency not specified). The treatment plan included continued home exercise program and the request for physical therapy for the low back twice weekly for 6 weeks. The documentation dated 11/11/2014 also indicated the injured worker needed skilled outpatient physical therapy to address multiple complex impairments in balance, coordination, decreased strength, decreased range of motion, and home exercise/activity deficits. The treatment plan indicated the injured worker would benefit from additional PT to address impairments and focus on functional strength. The Request for Authorization form, dated 10/24/2014, was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the low back, twice weekly for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

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

Decision rationale: The request for physical therapy for the low back, twice weekly for 6 weeks is not medically necessary. The California MTUS Guidelines recommend up to 10 visits of physical therapy for patients with unspecified myalgia or radiculitis to facilitate functional improvement and instruction in a home exercise program. The clinical documentation dated 11/11/2014 indicated the injured worker needed continued physical therapy to build up her strength and functional activity tolerance; however, there was a lack of clinical documentation provided to demonstrate the injured worker had accomplished any objective functional improvement with previous physical therapy sessions. The clinical documentation also indicated that the injured worker had only partially met the goal of participating in an independent home exercise program. As the injured worker has not demonstrated objective functional improvement or compliance with a home exercise program, the medical necessity for additional physical therapy has not been established. As such, the request for physical therapy for the low back, twice weekly for 6 weeks, is not medically necessary.