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| Case Number: | CM14-0203879 | | |
| Date Assigned: | 12/16/2014 | Date of Injury: | 02/18/2014 |
| Decision Date: | 02/03/2015 | UR Denial Date: | 11/21/2014 |
| Priority: | Standard | Application Received: | 12/05/2014 |

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 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:

Patient with reported date of injury on 2/18/2014. Mechanism of injury is described as a lifting injury. Patient has a diagnosis of low back pain. Medical reports reviewed. Last report available until 11/3/14. Patient complains of low back pain. Pain is diffuse low back radiating down leg. Objective exam reveals tenderness to palpation with spasms. Sensation is intact. Strength in lower extremity is described as 5/5. There is no atrophy. Request was for "improvement" of strength, range of motion and overall condition and flexibility. Request was for 3 weeks of pool therapy and 3 weeks of land therapy. Letter of appeal dated 11/3/14 states that patient is deconditioned and needs strengthening otherwise patient may not be able to properly improve. X-ray of lumbar spine dated 10/1/14 revealed mild degenerative disease at L5-S1. An MRI of lumbar spine done in May 2014 reportedly showed mild degenerative disc disease at L5-S1 with neural central foraminal stenosis but the actual report was not provided for review. Patient has completed physical therapy in the past with no improvement. Total number was not provided. Independent Medical Review is for "land therapy" 2 per week for 3 weeks (6 total) for lumbar spine. Prior Utilization Review on 11/21/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Land Therapy 2xWk x 3Wks for the lumbar spine, QTY: 6: 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: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. However, recommendation for additional physical therapy requires documentation of response to prior PT. There is no appropriate documentation of number of prior PT that patient has done. There is no documentation as to whether prior PT was for pain or deconditioning. There is no documentation of actual weakness or failure of home exercise. The documentation fails to support recommendation for additional physical therapy. "Land therapy" is not medically necessary.