

Case Number:	CM14-0093611		
Date Assigned:	07/25/2014	Date of Injury:	12/12/2013
Decision Date:	03/09/2015	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 59 year old male sustained an industrial related injury on 12/12/2013 due to a fall from a chair. The results of the injury and initial diagnoses were not provided or discussed. Per the progress report (PR) (03/24/2014), the injured worker's subjective complaints included lower back pain that was rated 7-8/10 in severity which was decreased to 5/10 with medications, and loss of sleep. Objective findings on this report included tenderness and spasm in the lumbar area and decreased range of motion in the lumbar spine. Treatment to date has included medications, 8 previous physical therapy sessions, and 8 chiropractic treatments. Diagnostic testing has included EMG/NCV studies (03/01/2014) which revealed no abnormal findings. This report also indicated the injured worker complained of pain numbness and weakness in the left lower extremity as well as low back pain with aggravated symptoms at night. Range of motion was painful in the lumbar spine. There was no gross atrophy in leg muscles, and he was able to walk on his toes & heels. There was noted difficulty with squatting, and straight leg raises were noted at 70 on the right and 60 on the left. Deep tendon reflexes were noted as a trace in the knees and ankles, and sensation was noted to be intact. An x-ray of the lumbar spine was completed on 12/12/2013, and revealed degenerative spurring with disc narrowing at L4-L5. Current diagnoses include lumbar disc displacement with myelopathy, lumbosacral neuritis NOS, lumbar sprain/strain, and insomnia NOS. The request for authorization was not provided and there was no rationale provided for the additional physical therapy. Treatments in place around the time the physical therapy (PT) was requested included medications. According to the PT notes, the injured worker reported feeling better after PT; however, symptoms were noted to gradually

return. The injured worker reported pain was unchanged. There were no noted changes in functional deficits or activities of daily living. Work status was unchanged as the injured worker remained temporarily totally disabled. Dependency on medical care was unchanged. On 05/13/2014, Utilization Review non-certified a request for 8 additional physical therapy (PT) sessions (2x4) which was requested on 05/06/2014. The additional PT was non-certified based on the lack of documented functional improvement with prior PT sessions. The MTUS Chronic Pain and ODG guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the non-certification of 8 additional physical therapy sessions (2x4).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 X 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98 of 127. Decision based on Non-MTUS Citation Lower Back Chapter, PT Guidelines

Decision rationale: With regard to the request for additional physical therapy, the California Medical Treatment Utilization Schedule recommends transition from formal physical therapy to self-directed home exercises after a full course of therapy. Future therapy may be warranted if the patient has not had a full course of therapy. For myalgia, radiculitis or neuritis, up to 10 visits of formal PT is the recommendation by the Chronic Pain Medical Treatment Guidelines. In the case of injured worker, the documentation indicates that the patient has undergone at least 8 sessions of PT. There is also documentation that the patient has attended multiple chiropractic sessions, which had worked on lumbar range of motion. There is no documentation of functional improvement from these sessions or notation of any extenuating circumstance of why the patient would require additional formal PT at this juncture without an attempt at self-directed home exercises. Therefore additional physical therapy as originally requested is not medically necessary.