

Case Number:	CM15-0004114		
Date Assigned:	01/15/2015	Date of Injury:	05/10/2005
Decision Date:	03/23/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/08/2015

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

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 46-year-old female who reported an injury on 05/10/2005. The injury reportedly occurred to her lower back when she was transferring a patient from one wheelchair to another at work. She is diagnosed with herniated lumbar disc and chronic lower back pain. Her past treatments are noted to include ice applications, topical analgesics, oral medications, heat applications, use of a TENS unit, and previous physical therapy. The injured worker completed 8 visits of physical therapy for the lumbar spine from 11/03/2014 through 12/11/2014. The re-evaluation performed on 12/11/2014 indicated that the injured worker's pain at the initial evaluation was mild from 1/10 to 2/10 and at re-evaluation on 12/11/2014 it was also noted to be mild from 1/10 to 2/10. She was also shown to have improvement in range of motion going from a moderate impairment to a mild impairment in left side bending and right side bending. She also improved from severe impairment to moderate impairment in extension. Her motor strength had remained mildly decreased at 4/5 and she had no other motor strength deficits at the time of initial evaluation or re-evaluation. It was noted that overall, the injured worker had improved 60% to 70% toward her overall goals and a recommendation was made to continue physical therapy 2 times per week for 4 weeks due to the reduction in symptoms and improvement in function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy two (2) times a week for four (4) weeks for the lumbar spine:
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 medicine. Page(s): 98-99.

Decision rationale: According to the California MTUS Guidelines, up to 10 visits of physical therapy are recommended for patients with chronic unspecified myalgia or radiculitis to promote functional improvement and provide instruction in a home exercise program. The clinical information submitted for review indicated that the injured worker had chronic back pain and had recently completed 8 visits of physical therapy with some improvement in range of motion of the lumbar spine. She was also noted to report significant symptomatic improvement with this treatment. However, the documentation did not indicate a specific need for continued physical therapy over participation in her home exercise program at this time to promote additional functional gains. Further, the request for visits 2 times per week for 4 weeks in addition to the previous 8 physical therapy visits would exceed the guidelines recommendation for a maximum of 10 physical therapy visits for chronic pain. Therefore, the request is not medically necessary.