

Case Number:	CM15-0033057		
Date Assigned:	02/26/2015	Date of Injury:	05/30/2014
Decision Date:	04/09/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/23/2015

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 52-year-old female who reported an injury on 05/30/2014. The injured worker is currently diagnosed with other symptoms referable to the low back. On 01/14/2015, the injured worker presented for a follow-up evaluation regarding lumbar and cervical conditions. The injured worker reported persistent pain in the lower back, exacerbated by squatting and bending down. The current medication regimen includes tramadol 50 mg and Vimovo. Examination of the cervical spine revealed positive paravertebral muscle tenderness, positive Spurling's maneuver, 50 degrees flexion and extension, 15 degrees lateral bending, and 75 degrees rotation. There was diminished sensation in the C5-6 dermatomal distribution bilaterally. Examination of the lumbar spine revealed positive lumbar paravertebral tenderness, 60 degrees flexion, 10 degrees extension, 15 degrees lateral bending, 30 degrees rotation, 2+ deep tendon reflexes, intact sensation, and 5/5 motor strength. Recommendations at that time included continuation of the home exercise program, as well as a course of physical therapy for the lumbar spine. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy 2 times a week for 6 weeks to the Lumbar Region: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Low Back- Lumbar & Thoracic (Acute & Chronic) (updated 07/03/2014) and ACOEM- <https://www.acoempracguides.org/> Low Back; Table 2, Summary of Recommendations, Low Back Disorders.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Treatment for unspecified myalgia and myositis includes 9 to 10 visits over 8 weeks. Treatment for unspecified neuralgia, neuritis, and radiculitis includes 8 to 10 visits over 4 weeks. The current request for 12 sessions of physical therapy exceeds guideline recommendations. There was no documentation of a significant functional limitation. There was also no evidence of objective improvement following an initial course of physical therapy. Given the above, the request is not medically appropriate.