

Case Number:	CM13-0045242		
Date Assigned:	12/27/2013	Date of Injury:	06/21/2013
Decision Date:	08/05/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/12/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 37-year-old male who reported an injury on 06/21/2013. The mechanism of injury was lifting. He is diagnosed with acute lumbar strain. The injured worker's previous treatments included medication and physical therapy. Within the most recent clinical note dated 09/23/2013, the injured worker reported he had continued to have low back pain that radiated into his bilateral lower extremities, with numbness and tingling over his toes. He reported his pain increased with prolonged standing, twisting, walking, lifting, bending, stooping, and squatting. He rated his pain as 8/10. On physical examination of the lumbar spine, the physician reported there was tenderness bilaterally over the paraspinals, sacroiliac joint, and the lumbar spinous process. The lumbar range of motion with flexion was 30 degrees, extension 10 degrees, and right and left lateral bending 10 degrees. He also had a positive straight leg raise test at 30 degrees bilaterally. The physician also reported the injured worker moved cautiously with an antalgic gait. The treatment plan included prescriptions for medications, braces, and physical therapy 2 times a week for 4 weeks. The current request is for additional physical therapy three times a week for four weeks for the lumbar spine and the rationale not provided. The request for authorization form was not provided in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY THREE TIMES A WEEK FOR FOUR WEEKS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 10/09/13).

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

Decision rationale: The California MTUS Guidelines recommend physical therapy for allowing for fading treatment or frequency (from up to 3 visits per week to 1 or less). The guideline recommendation is 9 to 10 sessions of physical therapy over 8 weeks for myalgia and myositis and 8 to 10 sessions over 4 weeks for neuralgia, neuritis, and radiculitis. The documentation provided indicated that the patient had been approved for physical therapy 2 times a week for 4 weeks; however, the documentation failed to provide evidence of measurable objective functional gains made with the treatment. The current request is for 12 additional sessions of physical therapy which would exceed the guideline recommendations. It was unclear why the injured worker would require additional physical therapy sessions over a home exercise program. As such, the current request for additional physical therapy three times a week for four weeks for the lumbar spine is not medically necessary.