

Case Number:	CM14-0002568		
Date Assigned:	01/29/2014	Date of Injury:	09/20/2013
Decision Date:	06/16/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/07/2014

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 Occupational 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:

The patient is an employee of [REDACTED] who has submitted a claim for low back pain associated with an industrial injury date of 09/20/2013. Treatment to date has included 6 physical therapy sessions and an intake of medications, namely Norco, Valium, and an anti-inflammatory taken since 9/30/13. Medical records from 2013 were reviewed which revealed persistent low back pain. He stated that pain is worsening and he is having difficulty at work due to pain. He also complained of difficulty of sleeping due to pain and anxiety. Physical examination showed spasm of the lumbar region; and tenderness of the paraspinal muscle, spinous processes, and sacroiliac joint. Straight leg raise test was positive bilaterally. Range of motion of the lumbar spine was decreased. CT scan of the lumbar spine, dated 9/22/13, showed no evidence for a significant traumatic injury. A utilization review from 12/16/2013 denied the request for additional physical therapy of the lumbar spine 3 times for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY 3X4 TO LUMBAR SPINE: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

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

Decision rationale: As stated on pages 98-99 of the MTUS Chronic Pain Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. In addition to this, the ODG states that there is strong evidence that physical methods, including exercise and return to normal activities, have the best long-term outcome in employees with low back pain. In this case, the patient underwent 6 sessions of physical therapy since 10/2/2013. However, post-therapy examination revealed persistence of limitation of motion and weakness of the lumbar spine. The rationale given for the extension of services is to increase strength, range of motion, and flexibility. The medical necessity has been established. Therefore, the request for additional physical therapy 3x4 of the lumbar spine is medically necessary and appropriate.