

Case Number:	CM14-0114031		
Date Assigned:	09/22/2014	Date of Injury:	02/11/2013
Decision Date:	10/22/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/21/2014

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 Physical Medicine & Rehabilitation 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 injured worker is a 45-year-old male who sustained low back injury while loading packages to a truck on February 11, 2013. The injured worker was seen by the treating physician for initial examination on January 6, 2014 with complaint of constant low back pain. On examination, flexion range of motion was restricted. Slight paraspinous tenderness was noted with deep ache around L3-L4. X-ray exam of the lumbar spine and sacrum revealed mild wedging of L1 and L2 vertebral bodies. He was reevaluated on February 10, 2014 and noted that two therapy treatments were helpful so far. On examination, decreased spasm and tenderness was noted. He returned on March 17, 2014 and reported great benefit with completion of eight therapy treatments. He specified that his low back symptoms have improved significant with therapy and Naprosyn and he was able to tolerate working modified duties. Lumbar spine examination demonstrated slight left paraspinous tenderness limited flexion, extension, right-side bending, and left-side bending with minimal discomfort noted. He was released to a trial of regular duties. In his subsequent visit on April 16, 2014, he reported that his back was doing well until he developed severe spasms for which his back gave out. He rested and applied iced with some benefit. On examination of the lumbar spine, there was moderate paraspinous tenderness and spasm and flexion and extension ranges of motion were limited. Modified duty of no lifting greater than 20 pounds was recommended. He was reevaluated on September 3, 2014 with complaint of flared-up pain two weeks ago but was doing much better. On examination of the lumbar spine, slight spasm and paraspinous tenderness was noted and range of motion was restricted. According to the physician, the injured worker has reached maximum medical improvement and was provided with same work restriction. Therapy daily notes dated February 3, 7, 12 and 14, 2014 showed pain level of 2/10. Objective examination revealed slight restricted flexibility of the quadratus lumborum and piriformis and severe restriction of the

hamstrings. Moderate hypertonic erector spinae was also noted. Extension, flexion, and left rotation ranges of motion were decreased by 25 percent. Follow-up therapy on February 19, 21 and 24 showed same pain level. Objective findings were unchanged except for the flexibility of the hamstring which became moderately restricted and the hypertonicity of the erector spinae which decreased to mild. On February 27, 2014, the injured worker's pain level was 0/10. Examination showed slightly hypertonic erector spinae. Treatment goals were met and he was then discharged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for Low Back 3 x Wk for 4 Wks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The injured worker had completed eight sessions of physical therapy, which was initially helpful and although the injured worker has had flare-up of his low back, there were however no exceptional factors noted to necessitate excessive number of therapy visits. The California Chronic Pain Medical Treatment Guidelines specifies that for myalgia and myositis, only 9-10 visits over 8 weeks is reasonably indicated. Therefore the request is not medically necessary.