

Case Number:	CM14-0114603		
Date Assigned:	09/23/2014	Date of Injury:	03/04/2014
Decision Date:	10/31/2014	UR Denial Date:	06/30/2014
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 Emergency Medicine and is licensed to practice in Texas. 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 30-year-old female who reported an injury on 03/04/2014. The mechanism of injury occurred due to repetitive lifting and stacking of bread. The injured worker's diagnoses included neck sprain, brachial neuritis, and lumbar sprain/strain/radiculitis. The injured worker's past treatments included chiropractic care and physical therapy. Her diagnostic exams included an electromyography and nerve conduction study performed on 04/08/2014 and an MRI. The injured worker's surgical history was not clearly indicated in the clinical notes. On 06/02/2014, the injured worker complained of low back pain with shooting pain down into the right leg, as well as right knee and neck pain. She rated her pain at 6/10. The physical examination findings revealed decreased sensation of the right lower extremity and decreased lumbar range of motion. The lumbar range of motion values included 55 degrees of flexion, 100 degrees of extension, 150 degrees of left lateral flexion, and 150 degrees of right lateral flexion. There was also notation of a positive straight leg raise in the right leg and a positive Faber's sign to the right hip. The physical examination also revealed decreased cervical range of motion. The cervical range of motion values included 46 degrees of flexion, 45 degrees of extension, 140 degrees of left and right lateral flexion, and 70 degrees of left and right rotation. The injured worker's medications were not clearly indicated in the clinical notes. The treatment plan consisted of additional physical and chiropractic therapy. A request was received for 6 additional physical therapy sessions for the lumbar spine, 2 visits a week for 3 weeks as outpatient. The rationale for the request is that the patient has shown increased functional improvement with her pain scores and range of motion. The Request for Authorization form was signed and submitted on 06/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Additional Physical Therapy for the Lumbar Spine, 2 visits a week for 3 weeks as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Evidence Based Guidelines (EBM)

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

Decision rationale: The California MTUS Guidelines recommend physical medicine 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. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The physical medicine guidelines recommend 9 to 10 visits over 8 weeks for the indication of myalgia unspecified. Based on the clinical notes, the injured worker complained of low back pain, right knee pain, and neck pain, with radiating pain shooting down into her right leg. A nerve conduction and electromyography study performed on 04/08/2014 revealed normal findings of sensation. The injured worker also had a decreased range of motion of the lumbar and cervical spine, with guarding of the cervical, thoracic, and lumbar region. The guidelines recommend additional physical therapy based on the objective quantitative measures that indicate significant improvement in function, range of motion, and pain during the course of therapy. The clinical notes failed to identify measurable objective gains during the physical therapy treatment period. The injured worker has completed approximately 5 physical therapy sessions with no indication of progress or decreased pain relief. Additionally, the clinical notes failed to identify the exact amount of previous physical therapy sessions the injured worker has completed. Also, the clinical notes failed to indicate the injured worker's pain scale objectively. Therefore, due to lack of clinical evidence that signified the injured worker made progress in function, range of motion, and pain relief, the request is not supported. Thus, the request for 6 Additional Physical Therapy for the Lumbar Spine, 2 visits a week for 3 weeks as outpatient is not medically necessary.