

Case Number:	CM14-0115883		
Date Assigned:	09/16/2014	Date of Injury:	02/18/2014
Decision Date:	10/24/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/23/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Ohio. 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 35-year-old female who reported an injury on 02/18/2004. Reportedly the injured worker kicked a hose with her right leg to move it over and the injured worker lost balance and fell backwards and landed on the buttocks. Treatment history included x-ray of the lumbar spine, 6 chiropractic visits, 6 acupuncture sessions, physical therapy sessions, back support, MRI studies, and medications. The injured worker was evaluated on 07/03/2014 and it was documented that the injured worker complained of low back pain with intermittent radiation of pain down both legs to ankles. The injured worker was capable of lifting up to 20 pounds without difficulty, but was not able to lift much more than that. The injured worker was unable to sit for no more than 20 minutes due to aggravation of her back pain. Physical examination of the lumbar spine revealed moderate tenderness at the lumbosacral junction. The injured worker was able to fully flex the back in excess of 90 degrees, fingertips to the floor; extension was 20 degrees with slight discomfort; left lateral bending was 35 degrees, and right lateral bending was uncomfortable at 25 degrees. There were slight spasms in the lumbar paravertebral muscles. The straight leg raise in the seated position was negative. The neurologic examination of the lower extremities was intact. There were no focal motor or sensory defects. The patellar tendon and Achilles tendon reflexes were 1+ and symmetrical. The injured worker was diagnosed with musculoligamentous strain/sprain of the lumbar spine and chronic low back pain. The Request for Authorization dated 07/15/2014 was for physical therapy x2 per week for 4 weeks, lumbar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x week x 4 weeks, Lumbar: Upheld

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

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

Decision rationale: The request is not medically necessary. The California MTUS Guidelines may support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documents submitted indicated the injured worker was received physical therapy however, outcome measures were not submitted for review. The provider failed to indicate long-term functional goals. The request submitted exceeds the recommended amount of visits per the guidelines. The documentation submitted indicated the injured worker has already had 6 chiropractic visits, which were slightly helpful, and 6 acupuncture visits that did not help. The injured worker had recently started a round of physical therapy; however, the number of treatments and results were not submitted for review. The request for Physical Therapy 2 times per week for 4 weeks, Lumbar is not medically necessary.