

Case Number:	CM14-0121683		
Date Assigned:	08/06/2014	Date of Injury:	02/26/2014
Decision Date:	10/10/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/01/2014

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 66 year old female who reported an injury on 02/26/2014. The mechanism of injury was not provided. Her diagnoses were noted as low back pain and sciatica. The past treatment was medications. There was an x-ray of the thoracic and lumbar spine performed on 03/17/2014 which revealed mild disc space narrowing at L4-L5 and L5-S1. There was a mild anterior spur formation at L3-L4 and L4-L5. There were no relevant surgeries noted. On 07/02/2014, the injured worker had a chief complaint of sciatica. Upon physical examination, she was noted to have diminished light touch sensation in a L4 L5 on the left side dermatomal distribution. The lumbar spine was noted to have flexion limited to 15 degrees and extension limited to 10 degrees without pain. Her medications were listed as cyclobenzaprine, gabapentin, ibuprofen, tramadol, and vicodin. The treatment plan was to continue home exercise program learned in physical therapy, and request for 7 additional sessions to continue to improve back pain. The request for authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 1 x 7 to the Lumbar: Upheld

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

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

Decision rationale: The request for additional physical therapy 1 x 7 to the lumbar is not medically necessary. The California MTUS Guidelines may recommend physical therapy 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. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Treatment is recommended for up to 10 visits over 8 weeks. The injured worker was noted to have completed some physical therapy with benefit. However, the amount of completed visits was not documented. In the absence of documentation with evidence of significant objective functional improvement and decrease in pain since previous therapy, and the number of completed visits the request is not supported. Therefore, the request is not medically necessary.