

Case Number:	CM14-0121792		
Date Assigned:	09/16/2014	Date of Injury:	03/07/2014
Decision Date:	10/29/2014	UR Denial Date:	07/17/2014
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 Pain Management 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 female with a date of injury on 3/7/2014. She indicated that on that date while performing her customary duties, she bent down to waist level to lift two large trays and she experienced severe pain in her back, left hip, and left knee with numbness in the sole of her left foot. She was diagnosed with lumbar sprain and strain as well as clinical left lower extremity radiculitis. In a recent progress note dated June 26, 2014, it was indicated that the injured worker complained of persistent pain and stiffness in her lumbar spine which radiated into her left buttock and down the left leg with an associated numbness and tingling sensation. The objective findings to the lumbar spine included flattening of the normal lordosis; tenderness over the paraspinal region and over the left sacroiliac dimple with spasms; limited range of motion in all planes; and straight leg raise tests, which were positive on the left at 50 degrees in both the sitting and supine positions. Sensation was also noted to be decreased to light touch and pinprick in the left lower extremity. She was recommended to undergo a magnetic resonance imaging scan of the lumbar spine. This is a review of the requested additional 12 sessions of physical therapy directed to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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) Low Back, Physical Therapy

Decision rationale: The medical records received have limited information to support the necessity of the additional 12 sessions of physical therapy at this time. Based on the medical records, the injured worker has already underwent prior sessions of physical therapy with minimal and temporary pain relief as she continued to complain of significant pain in her low back with radiation into her left lower extremity. Referencing the evidence-based guidelines, it was stated that providers should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less) plus active self-directed home physical medicine. In this injured worker's case, as it can be noted in the medical records that there was improvement after being provided with the authorized physical therapy sessions, it is more appropriate and necessary to transfer her to a home-based exercise program as she has been provided with the recommended maximum number of visits as set forth in the guidelines for the condition she was diagnosed with. Therefore, the request is not considered medically necessary.