

Case Number:	CM14-0128912		
Date Assigned:	08/25/2014	Date of Injury:	02/13/2014
Decision Date:	09/19/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/13/2014

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 and 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:

This truck driver sustained an injury on 2/13/14 from pulling heavy boxes while employed by [REDACTED]. Request(s) under consideration include Additional physical therapy x 6 for the lumbar spine. Diagnoses include Lumbago/ lumbar strain. There is history of previous right shoulder arthroscopy 13 years ago. Report of 2/14/14 from a provider noted the patient with low back pain. Exam showed normal gait; non-tender paralumbar muscles; tender mid spine; no SI tenderness; lumbar range with pain on flex/ext; negative straight leg raise (SLR); full range at hips with positive left Patrick's test with normal sensory and motor function in bilateral lower extremities. X-rays showed mild degenerative changes at L5-S1 otherwise normal. MRI of lumbar spine dated 3/6/14 showed L4-5 and L5-S1 with annular tear and mild bulge without neural foraminal or canal stenosis and no evidence of nerve root impingement. Report of 7/3/14 noted ongoing left lower back pain and numbness in left hip and foot. The patient is s/p left SI joint injection. Exam showed normal gait; tender left SI joint; limited lumbar range with pain; low back pain with no thecal findings; positive Patrick's; negative discogenic lumbar maneuvers; SLR at 40 degrees; and normal motor and sensory function bilaterally. Diagnoses include lumbar sprain with treatment for physical therapy with patient remaining off work. The request(s) for Additional Physical Therapy for the lumbar spine, 6 sessions was non-certified on 7/11/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy for the lumbar spine, 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 130.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Guidelines -Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2)8-10 visits over 4 weeks Page(s): 98-99.

Decision rationale: This truck driver sustained an injury on 2/13/14 from pulling heavy boxes while employed by [REDACTED]. Request(s) under consideration include Additional physical therapy x 6 for the lumbar spine. Diagnoses include Lumbago/ lumbar strain. There is history of previous right shoulder arthroscopy 13 years ago. Report of 2/14/14 from a provider noted the patient with low back pain. Exam showed normal gait; non-tender paralumbar muscles; tender mid spine; no SI tenderness; lumbar range with pain on flex/ext; negative straight leg raise (SLR); full range at hips with positive left Patrick's test with normal sensory and motor function in bilateral lower extremities. X-rays showed mild degenerative changes at L5-S1 otherwise normal. MRI of lumbar spine dated 3/6/14 showed L4-5 and L5-S1 with annular tear and mild bulge without neural foraminal or canal stenosis and no evidence of nerve root impingement. Report of 7/3/14 noted ongoing left lower back pain and numbness in left hip and foot. The patient is s/p left SI joint injection. Exam showed normal gait; tender left SI joint; limited lumbar range with pain; low back pain with no thecal findings; positive Patrick's; negative discogenic lumbar maneuvers; SLR at 40 degrees; and normal motor and sensory function bilaterally. Diagnoses include lumbar sprain with treatment for physical therapy (PT) with patient remaining off work. The request(s) for Additional physical therapy x 6 for the lumbar spine was non-certified on 7/11/14. Submitted reports have no acute flare-up or specific physical limitations to support for physical therapy. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There is unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. It is unclear how many PT sessions the patient has received or what functional outcome was benefited if any. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the patient has received prior sessions of PT without clear specific functional improvement in activities of daily living, work status, or decrease in medication and utilization without change in neurological compromise or red-flag findings to support further treatment. The Additional Physical Therapy for the lumbar spine, 6 sessions, is not medically necessary.