

Case Number:	CM14-0134776		
Date Assigned:	10/10/2014	Date of Injury:	08/09/1999
Decision Date:	11/10/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/21/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 64-year-old male who reported an injury on 08/09/1999 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to her low back. The injured worker's treatment history included a microdiscectomy at the right L5-S1. The injured worker was evaluated on 06/30/2014. It was noted that the injured worker was improving with physical therapy and Neurontin. Physical findings included decreased low back pain. The injured worker's range of motion of the lumbosacral spine was noted to be 115 degrees in flexion, 19 degrees in extension and 24 degrees in right side bending and 25 degrees in left side bending. The injured worker had a negative straight leg raising test. A request was made for continued physical therapy. A Request for Authorization to support the request dated 07/09/2014 was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy evaluation and treatment for the lumbar spine, 2-3 times a week for 4-6 weeks: 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 rationale: The requested physical therapy evaluation and treatment for lumbar spine 2 to 3 times a week for 4 to 6 weeks is not medically necessary. California Medical Treatment Utilization Schedule recommends up to 10 visits of physical therapy for radicular, neuropathic, and myofascial pain. The clinical documentation indicates that the injured worker has participated in physical therapy. The exact number of visits was not specifically provided. However, the unknown number of visits in combination with the requested 12 to 18 visits exceeds guideline recommendations. There are no exceptional factors noted to support extending treatment beyond guideline recommendations. The California Medical Treatment Utilization Schedule also recommends that patients be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation submitted for review does not provide any factors to preclude further progress of the injured worker while participating in a home exercise program. As such, the requested physical therapy evaluation and treatment for the lumbar spine 2 to 3 times a week for 4 to 6 weeks is not medically necessary or appropriate.