

Case Number:	CM14-0141256		
Date Assigned:	09/10/2014	Date of Injury:	01/31/2014
Decision Date:	10/10/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	09/02/2014

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:

The injured worker is a 44-year-old female, who reported injury on 01/31/2014. Reportedly, she fell in a seated position while at work, injuring her low back, neck, shoulders, and lower extremities. Treatment history included acupuncture sessions, medications, and MRI of the lumbar spine. The injured worker was evaluated on 07/25/2014, and it is documented that the injured worker complained of low back pain that was intermittent and rated 5/10 to 6/10 and worse with activity. Standing for prolonged periods increased the pain. Lying on her back elevated the pain. The injured worker complained of bilateral leg pain from the low back that was intermittent, 5/10 to 6/10. Examination of the dorsal lumbar spine revealed on range of motion flexion was 40/90 degrees; extension was 15/30 degrees; left/right lateral flexion was 20/30 degrees; left/right rotation was 15/30 degrees. The injured worker complained of pain in all ranges of dorsal lumbar motion. Kemp's test was positive bilaterally for lower back pain. Straight leg raise was positive bilaterally at 40 degrees for low back and ipsilateral leg pain. Milgram's test produced low back pain. Tenderness was present when palpating over the spinous processes from T1 to L5, the associated paraspinal musculature bilaterally, and both sacroiliac joints. Piriformis palpation elicited tenderness bilaterally. It is documented the injured worker was getting physical therapy and it was helping. She was getting acupuncture and it helped relax her low back pain, which was intermittent and rated at 5/10 to 6/10 and worse with activity. However, the physical therapy outcome measurements were not submitted for this review. Diagnoses include lumbar sprain/strain, radicular neuralgia bilateral leg, cervical sprain/strain, headache, and psych diagnosis. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (PT), 2 x 6, to the lumbar spine: Upheld

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

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

Decision rationale: 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 provider failed to indicate long-term functional goals and physical therapy outcome measurements. The request will exceed the recommended amount of visits per the guideline. Given the above, the request for Physical Therapy (PT) 2 X 6 to the Lumbar Spine is not medically necessary.