

Case Number:	CM14-0145371		
Date Assigned:	09/12/2014	Date of Injury:	11/12/2013
Decision Date:	10/14/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	09/08/2014

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 Internal Medicine 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 50-year-old female who reported an injury on 11/12/2013. The mechanism of injury was not provided within the medical records. The clinical note dated 08/12/2014 indicated diagnoses of lumbar radiculitis with bulging disc. The injured worker reported lower back pain. On physical examination of the low back, range of motion was 60 degrees of flexion and 10 degrees of extension. The injured worker had a negative straight leg raise. Ankle dorsiflexion and plantar flexors were 5/5. The injured worker's treatment plan included an EMG/nerve conduction study of the right upper and lower extremities. The injured worker's prior treatments included diagnostic imaging, physical therapy, and medication management. The injured worker's medication regimen was not provided for review. The provider submitted a request for physical therapy to the lumbar spine. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy to Lumbar Spine- 8 sessions: Upheld

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

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

Decision rationale: The request Physical Therapy to Lumbar Spine- 8 sessions is not medically necessary. The California MTUS Guidelines state that active therapy is 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. The guidelines note injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. It was indicated the injured worker had prior physical therapy; however, the efficacy of the prior therapy to include the amount of sessions the injured worker has already completed was not indicated. In addition, the request does not indicate a frequency or duration of therapy. Furthermore, the completed physical therapy should have been adequate for the injured worker to transition to a home exercise program where the injured worker may continue with exercises such as strengthening, stretching, and range of motion. Therefore, the request for physical therapy to the lumbar spine, 8 sessions, is not medically necessary.