

Case Number:	CM14-0145665		
Date Assigned:	09/12/2014	Date of Injury:	01/28/2014
Decision Date:	10/14/2014	UR Denial Date:	08/25/2014
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 Emergency Medicine, and is licensed to practice in Texas. 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 41 year old female who reported an injury on 01/28/2014. The mechanism of injury happened when she tried to dislodge a tray and pulled on it very hard. Her diagnoses included lumbago, L5-S1 degenerative disc disease, and degenerative L5-S1 spondylolithesis. She had an MRI of the lumbar spine on 06/30/2014 and an X-ray upon the injury. Her previous surgeries were irrelevant to work injury. It was noted she had completed several visits of physical therapy and had a home exercise program. On 08/11/2014 she reported non-radicular low back pain. Physical findings included extension of the low back at 10 degrees, normal motor strength, and intact sensation. Her medication included Ibuprofen. The treatment plan was for physical therapy evaluation, re-evaluation and physical therapy 3 times per week for 4 weeks to the low back. The rationale for request and the request for authorization form were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY EVALUATION, RE-EVALUATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: As the primary request is not medically necessary, this associated service is also not medically necessary.

PHYSICAL THERAPY 3 TIMES A WEEK FOR 4 WEEKS, LOW BACK: 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): 98-99.

Decision rationale: Based on the clinical information submitted for review, the request for physical therapy 3 times per week for 4 weeks to the low back is not medically necessary. As stated in the California MTUS Guidelines, 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. The guidelines recommend up to 10 visits with documented improvement. The injured worker completed several visits of physical therapy; however, the documentation did include adequate information indicating what progress, if any, was made. There was a minimal change in the lumbar range of motion and it was unclear as to what other benefits the injured worker gained during those visits. The documentation did not indicate the specific number of sessions of physical therapy the injured worker has completed. The request exceeds the recommended visits per the guidelines, especially with insufficient clinical data showing functional gains. As such, the request for physical therapy 3 times per week for 4 weeks to the low back is not medically necessary.