

Case Number:	CM14-0158518		
Date Assigned:	10/02/2014	Date of Injury:	04/16/2013
Decision Date:	11/19/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	09/26/2014

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 (IW) is a 53-year-old woman with a date of injury of April 16, 2013. She sustained a work related injury to her back, abdomen, and right knee. The mechanism of injury was not documented in the medical record. Pursuant to the Initial Comprehensive Orthopedic Consultation dated September 15, 2014, the IW had x-rays of the back and right knee revealing no abnormalities. An MRI of the back was taken revealing no abnormalities. The IW underwent physical therapy 3 times a week, which provided some relief. Treatment continued for a period of time. The IW currently complains of pain in the low back radiating to both gluteal regions, worse with increased activities, such as when the IW stands to wash dishes. On examination, there is focal tenderness along the thoracolumbar junction along the L2-L3 and L3-L4 levels of the low back. The IW had some mild spasms in the thoracolumbar region. Range of motion (ROM) in flexion was 25 degrees, extension was 10 degrees, and right and left lateral bending was 10 degrees. The IW had mild thoracolumbar scoliosis. There was no focal neurological deficit. Strength of the lower extremities was within normal limits. The provider recommended physical therapy (PT). The progress report dated September 29, 2014 reveals that the IW continues to have spine pain from the mid to lower back and struggles with bending and rotating activities. The IW is most comfortable lying down. On examination, there is limited ROM in the lumbar spine. There are palpable taut bands and spasms along the thoracic and lumbar paraspinal muscle areas as well as the gluteus medial muscles. Deep tendon reflexes are symmetric but absent in the ankles. Sensation is intact in the lower extremities and there is good strength in the lower extremities. The IW has an L1 biconcave compression fracture with 50% loss of height. The provider indicates that the IW is not a surgical candidate and the compression deformity is healed. The provider again recommends physical therapy and Norco 10/325. There was no

documentation as to functional improvement from prior PT session. It is unclear as to the number of PT sessions that the IW has completed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low back pain; Physical Therapy

Decision rationale: Pursuant to the Official Disability Guidelines, physical therapy 12 weeks is not medically necessary. The guidelines enumerated the criteria a number of visits indicated for physical therapy of the lower back. Lumbar sprains and strains set the number of physical therapy visits at 10 visits over eight weeks. Physical therapy modalities include passive therapy and active therapy. After therapy is based on the philosophy that therapeutic exercise and/or activity is beneficial for restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process. In this case, the injured worker sustained a low back injury on April 16, 2013. Plain x-rays and an MRI of the lumbar spine showed no abnormalities. Patient currently complains of low back pain radiating to the buttocks bilaterally. There is mild tenderness with spasm in the thoracolumbar region in association with reduced range of motion to flexion. There are no focal neurologic deficits present. A review of the record indicates the injured worker was authorized six physical therapy visits on September 26, 2014 but has not had any physical therapy. The initial authorization was dated October 3, 2014. The Official Disability Guidelines identify best practice guidelines for physical therapy. The guidelines recommend 10 visits over eight weeks plus active self-directed physical therapy. To justify ongoing treatment, the injured worker should be formally assessed after the 10 visits to determine if the patient's results are moving in a positive with objective functional improvement. There is no documentation in the medical record that indicates the injured worker was formally assessed and whether there was objective functional improvement to warrant additional physical therapy. Consequently, no additional physical therapy is indicated. Based on the clinical information in the medical record in the peer-reviewed evidence-based guidelines, physical therapy 12 visits is not medically necessary.