

Case Number:	CM14-0161405		
Date Assigned:	10/06/2014	Date of Injury:	06/16/1997
Decision Date:	11/06/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/01/2014

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 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 64 year old female who reported an injury on 06/16/1997 due to an unspecified mechanism. Her Diagnoses included spondylolisthesis. Her past treatments and diagnostic studies were not provided. She had lumbar surgery in 1999. The subjective complaints on 09/15/2014, she reported lumbar spine pain rated 3/10 with weekly flare-ups when sitting in an oblique angle and unsteady gait. The physical examination findings noted lumbar range of motion to be flexion of 60 degrees; extension is 15 degrees, and left and right lateral flexion of 15 degrees. The bilateral lower extremity strength test was rated 4/5 and the straight leg raise was negative to the right lower extremity. The treatment plan was to begin 8 visits of physical therapy for the lumbar spine to improve range of motion, pelvic stabilization, core strengthening, and implement gait training. The Request for Authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x week x 4 weeks lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Preface

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

Decision rationale: The request for Physical Therapy 2x week x 4 week's lumbar spine is not medically necessary. The California MTUS Guidelines state up to 10 visits of physical therapy may be supported for unspecified myalgia and continued visits should be contingent on documentation of objective improvement. There was a lack of significant functional deficits in the physical examination i.e. decreased range of motion or decreased motor strength to warrant physical therapy. In the absence of significant functional deficits the request is not supported by the evidence based guidelines.