

Case Number:	CM14-0088628		
Date Assigned:	07/23/2014	Date of Injury:	05/18/2009
Decision Date:	09/19/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/12/2014

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 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 52-year-old male who reported an injury on 05/18/2009. It reportedly occurred when he was picking up a bundle of iron pins weighing 40 to 50 pounds and tossing them over his shoulder. He sustained injuries of the low back. The injured worker's treatment history included epidural steroid injections, medications, EMG studies, and surgery, X-rays, CT scan, and physical therapy sessions. The injured worker had a physical therapy visit on 02/25/2014 and it was documented that the injured worker tolerated treatment/therapeutic activity with minimal complaints of pain and difficulty. An increased level of intensity was required for appropriate symptom control secondary to subjective complaints during the therapeutic activity. Given injured worker's response after completing program activity, he exhibited good perception of appropriate self-exertion levels. Good compliance with outlined home exercise was exhibited. The injured worker was evaluated on 05/22/2014, and it was documented that the injured worker was struggling with anxiety, task, particularly in the evening. He had difficulty sleeping. He has been using Xanax which helps, and would like to continue that for now. He has been off all medications, and he has gotten over the withdrawal, but his anxiety builds towards the evening and he was really struggling. Objective findings show no significant change. Medications included Lunesta 3 mg and Xanax 0.5 mg. Diagnoses included S/P hemilaminotomies bilaterally at L2-3 and L3-4, MRI of the lumbar spine showed left-sided extruded disc, enhancing postsurgical changes within the left neural foramen and a broad-based disc protrusion at L4-5, and negative electrodiagnostic studies other than borderline and no H-reflex on the left side. The Request for Authorization dated 05/19/2014 was for additional physical therapy 2 times a week for 3 weeks. However, the rationale 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:

Additional Physical Therapy two times a week for three weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The request is not medically necessary. 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 documents submitted indicated the injured worker has had conservative care to include physical therapy he had minimal complaints of pain and difficulty. However, the provider failed to indicate outcome measurements with home exercise regimen. The provider failed to indicate long-term functional goals and outcome measurements. Given the above, the request for additional Physical Therapy two times a week for three weeks is not medically necessary.