

Case Number:	CM14-0091115		
Date Assigned:	07/25/2014	Date of Injury:	10/24/2012
Decision Date:	09/19/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/16/2014

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 Anesthesiology, has a subspecialty in Pain 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 36 year old female who was injured on 10/24/12. The mechanism of injury is not indicated. The injured worker complains of low back pain with radiation into the posterior thigh of the left lower extremity. The injured worker is diagnosed with a lumbar spine disc herniation at L5-S1 and a thoracic sprain with inter coastal pain. Treatment has included physical therapy and chiropractic therapy. The injured worker has been approved for an lumbar epidural steroid injection but has chosen to wait to proceed with injections. Agreed Medical Evaluation Supplemental Report dated 11/24/13 references the proceeding agreed medical evaluation dated 09/10/13. It is noted that as of 09/10/13 the injured worker had reached maximum medical improvement and had been given a 6% whole person impairment rating. It is noted the injured worker was not given restrictions regarding return to duty. It is also noted the injured worker should be allowed up to 12 visits of physical therapy per calendar year when needed for complaints pertaining to the thoracic spine. These opinions remain unchanged per the supplemental report. Clinical note dated 02/11/14 reports the injured worker is participating in chiropractic therapy. As of 03/11/14 the injured worker has no remaining chiropractic therapy sessions authorized and is pending authorization for more. This note indicates the injured worker is participating in a home exercise program but notes that it is not helping. Further chiropractic therapy is denied by utilization review on 02/19/14. Most recent clinical note dated 05/20/14 notes the injured worker continues to complain of low back pain with occasional radicular pain. This note indicates an electromyogram/nerve conduction velocity of the bilateral lower extremities was performed on 05/13/14 and is reported as a normal study with no evidence of a lumbar radiculopathy. Physical examination reveals normal sensation, normal reflexes and normal motor testing of the bilateral lower extremities. Decreased range of motion of the lumbar spine is revealed. This is a request for 6 sessions of physical therapy for the low back.

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, for lower back.: Upheld

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

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

Decision rationale: Chronic Pain Medical Treatment Guidelines support up to 8-10 visits of physical therapy for neuralgia, neuritis and radiculitis, unspecified and 9-10 visits for myalgia and myositis, unspecified. Records indicate the injured worker has previously participated in physical therapy. Guidelines indicate continued treatment should be based upon objective functional improvement. There are no physical therapy notes submitted for review. As such, the injured worker's response to previous treatment is not available. Moreover, the injured worker was placed at maximum medical improvement (MMI) on 09/10/13 and given no restrictions. The agreed medical evaluation (AME) indicated the injured worker should be allowed additional physical therapy when warranted for the thoracic spine. The AME did not indicate future treatment would be appropriate for the lumbar spine. Based on the clinical information submitted for review, the request is not medically necessary.