

Case Number:	CM14-0091480		
Date Assigned:	07/25/2014	Date of Injury:	12/26/2013
Decision Date:	09/22/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/17/2014

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, Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 40-year-old male who reported an injury on 12/26/2013 due to a strain he received while pushing a dumpster. The injured worker has diagnoses of degenerative lumbar/lumbosacral disc disease, spinal stenosis, lumbar, without neural caudal, and sciatica. Past medical treatment consists of 12 sessions of physical therapy, injections, acupuncture; modify work, and medication therapy. Medications include Amlodipine 5 mg 1 tablet daily, Ibuprofen 800 mg 1 tablet 2 times a day, Methocarbamol 750 mg 1 tablet 2 times a day, Tramadol 50 mg 1 tablet 3 times a day, Famotidine 20 mg 1 tablet 2 times a day. Diagnostic findings obtained 10/2014 revealed that the L2-3 disc had desiccation, a right paracentral disc protrusion. There was no significant stenosis. Normal disc space height/signal. L3-4 had broad base disc bulge, mild facet arthropathy with no stenosis. Normal disc space height and signal. L4-5 disc desiccation, central disc bulge, and annular tear, very borderline lateral recess and mild foraminal stenosis, L5-S1 broad based disc bulge, which may contact but does not displace the S1 nerve roots within the lateral access. The treatment plan is for the injured worker to attend physical therapy sessions 8 visits for the lumbar spine. The injured worker complained of low back pain which he rated at a 6/10 on VAS (visual analog scale for pain). He described it as achiness, sharp and stabbing. The injured worker also stated that the pain was so severe that it radiated down through the posterior lower extremity to the left ankle/calf. Physical examination dated 04/25/2014 of the lumbar spine revealed normal lordosis, symmetric iliac crest type. There was no static splinting or static spasms. The injured worker had a flexion of 60 degrees, 20 degrees, right lateral bend 20 degrees, and left lateral bend of 20 degrees. There was pain at the end of all the planes of range of motion. The injured worker demonstrated no centralization or directional preference. There was tenderness to palpation bilaterally of the lumbar spine, paraspinal, and left ptosis. Straight leg raise, FABERE (Flexion, abduction, external rotation and

extension), Gaenslen's, stork, pelvic shift were painful in the left hip crossed abduction. There was normal lower extremity range of motion, normal tone and bulk, normal strength and normal sensation. Deep tendon reflexes revealed a 2/4 patella and a 2/4 Achilles. The rationale was not submitted for review. The Request for Authorization form was submitted on 04/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) Physical Therapy visits for Lumbar spine: Upheld

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

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

Decision rationale: The request for Physical Therapy times 8 visits for Lumbar is not medically necessary. The injured worker complained of low back pain which he rated at a 6/10 on VAS. The California MTUS states that physical medicine with 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis and 8-10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The submitted report revealed that the injured worker had already completed 12 sessions of physical therapy. There was no evidence of clear documentation or functional improvements with the program and progress as a result of prior therapy he received. The documentation also lacked any of the physical therapy progress notes indicating whether the injured worker had improved in functional deficits. The MTUS Guidelines recommend a short course of physical therapy for the low back as an optional form of treatment, provided treatment is to provide therapy using exercise and active modalities are utilized. Furthermore, there were no indications as to why the injured worker would not benefit from a home exercise program. As such, the request for 8 additional physical therapy sessions of the lumbar spine is not medically necessary.