

Case Number:	CM14-0094343		
Date Assigned:	07/25/2014	Date of Injury:	03/26/2007
Decision Date:	09/22/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/20/2014

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 Occupational 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 patient is a 30-year-old female who has submitted a claim for lumbago associated with an industrial injury date of March 26, 2007. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of persistent low back pain. Pain was described as aching, burning, stabbing, throbbing, shooting, and shocking with radiation to the legs. On lumbar spine examination, patient had tenderness over the L3-4, L4-5 and L5-S1 bilateral facet capsules, pain on rotational extension and secondary myofascial pain on triggering. Patient also had decreased ROM and findings of trochanteric bursitis along with myofascial pain. On neurologic exam, patient the L5 and S1 dermatomes had decreased light touch sensation bilaterally. Treatment to date has included medications and epidural steroid injections (ESI). A progress note on December 12, 2013, revealed the request for 12 sessions of aquatic therapy and another progress note on October 24, 2013, revealed the request for physical therapy. There was no further documentation regarding the outcomes of these two requests. Utilization review from May 20, 2014 denied the request for 12 Physical Therapy- Lumbar Spine because the patient had been approved of 12 sessions of aquatic therapy and the indication for additional land based therapy was not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy- Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98,99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy; Physical Medicine Page(s): 22; 98-99.

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In addition, guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. The recommended number of visits for neuralgia, neuritis and radiculitis is 8-10 over 4 weeks. In this case, the patient was prescribed physical therapy on October 24, 2013 and 12 sessions of aquatic therapy on December 12, 2013. However, it was not documented on the given records whether the patient actually had these therapies and what were the number of visits and outcomes. Therefore, the request for 12 physical therapy- lumbar spine is not medically necessary.