

Case Number:	CM14-0169725		
Date Assigned:	10/20/2014	Date of Injury:	05/28/1999
Decision Date:	03/27/2015	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/14/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 66-year-old female who reported an injury on 05/28/1998. The mechanism of injury was lifting. Her diagnoses were noted as displacement of intervertebral lumbar disc, medial epicondylitis and low back pain. Her past treatment were noted to include medication, physical therapy, epidural steroid injection, and activity modification. Her diagnostic studies were not provided for review. Her surgical history was noted to include a bilateral L4-5 laminectomy with foraminotomies and partial facetectomies at L4-5 with posterolateral L4-5 fusion, performed on 12/29/1999. During the assessment on 10/03/2014, the injured worker complained of low back and lower extremity pain. She indicated that she still suffered from low back pain and left lower extremity pain with numbness and tingling. The injured worker stated that she was taking the medications as prescribed, and they were controlling some but not all of the pain symptoms. The physical examination of the lumbar spine revealed decreased range of motion in extension, lateral rotation and lateral bending with an increase of concordant pain in lateral planes. The flexion appeared normal without pain. Her motor strength was 5/5 in the bilateral lower extremities. Sensation was normal to light touch, pinprick and temperature along all dermatomes in bilateral lower extremities. There was tenderness to palpation over the sacroiliac joints bilaterally. Her medication was noted to include Flexeril 10 mg, Norco 10/325 mg, Lidoderm 5% film, lidocaine topical 5% ointment, atenolol 25 mg, Klor-Con 20 mEq powder, Zocor 10 mg, lisinopril 10 mg, humalog 100 units/ml, hydrochlorothiazide 25 mg, metformin, potassium chloride 10 mEq, Zantac 75 mg, Compazine 10 mg, and cyclobenzaprine 10 mg. The treatment plan was to continue with the

current medication regimen. The rationale for the request was not provided. The Request for Authorization form 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 visits for the low back quantity 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Measures.

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

Decision rationale: The request for physical therapy visits for the low back quantity 6 is not medically necessary. The California MTUS Guidelines note 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. The guidelines recommend up to 10 visits over 8 weeks for myalgia and myositis, unspecified. The requested 6 visits are within guideline recommendation. However, the clinical documentation did not include a detailed assessment of the injured worker's current functional condition including range of motion and motor strength. There was a lack of documentation indicating whether the injured worker had physical therapy previously with documentation including the number of sessions completed and evidence of significant objective functional improvement with any prior physical therapy. Due to the lack of pertinent information, the request is not medically necessary.