

Case Number:	CM14-0210184		
Date Assigned:	12/23/2014	Date of Injury:	10/21/2013
Decision Date:	02/28/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 56 year-old female with date of injury 10/21/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/29/2013, lists subjective complaints as pain in the low back. MRI of the lumbar spine was notable for desiccation and mild loss of disc height at L2-L3 through L5-S1, with broad-based central disc protrusion of 2mm at L4-L5. Objective findings: Examination of the lumbar spine revealed tenderness to palpation of the lumbosacral midline. Range of motion was moderately decreased with pain at the limits of her range. No other physical examination findings were documented by the requesting physician. Diagnosis: 1. Lumbar strain 2. Lumbar degenerative disc disease with facet arthropathy 3. Mild central stenosis, L4-5 and L5-S1. The patient has completed 15 sessions of physical therapy for the lumbar spine to date, and noted that they have provided some relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy, 2 times a week for 6 weeks to the 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 Page(s): 58-60.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that 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. Continued physical therapy is predicated upon demonstration of a functional improvement. There is no documentation of measurable objective functional improvement. In addition, California Labor Code Section 4604.5(c) (1) states that an employee shall be entitled to no more than 24 chiropractic, 24 occupational therapy, and 24 physical therapy visits per industrial injury. The medical record indicates that the patient has previously undergone 15 sessions of physical therapy. 12 additional visits will exceed the number allowed by the California Labor Code. During the previous physical therapy sessions, the patient should have been taught exercises which are to be continued at home as directed by the MTUS Chronic Pain Guidelines. Additional physical therapy, 2 times a week for 6 weeks to the lumbar spine is not medically necessary.