

Case Number:	CM14-0211498		
Date Assigned:	12/24/2014	Date of Injury:	10/19/1988
Decision Date:	02/19/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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 & Rehabn

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 68-year-old female who reported injury on 10/19/1988. The mechanism of injury was not submitted for review. The injured worker has diagnoses of myalgia, drug induced constipation, lumbar radiculopathy, lumbar degenerative disc disease, chronic pain syndrome, and bilateral shoulder pain. Past medical treatment consists of epidural steroid injections, physical therapy and medication therapy. Medications include Celebrex, Diclofenac sodium, Oxycodone/Acetaminophen, OxyContin, Norco, Lyrica, Zovirax, Flector patches, MiraLax, Soma, and Lunesta. On 07/01/2014, the injured worker underwent an MRI of the lumbar spine which revealed a broad-based disc bulge with moderate advanced degenerative disc disease at L3-4 which produced moderate central canal narrowing and mild to moderate right neural foraminal narrowing. It was also noted that there was a broad-based disc bulge with advanced degenerative facet disease at L4-5 with ligamentum flavum hypertrophy, producing moderate to advanced central canal narrowing and mild bilateral neural foraminal narrowing. There was also L5-S1 advanced degenerative facet disease. On 12/23/2014, the injured worker complained of bilateral shoulder, low back pain which radiated to her bilateral lower extremities. The injured worker described her pain at 8/10 intensity at worst part of the day and 3/10 intensity with medications. The physical examination revealed 5-/5 bilateral lower extremity strength, patellar deep tendon reflexes were 2+, and Achilles deep tendon reflexes were 1+. Sensation was intact. There was no clonus or increased tone. Babinski are plantar bilaterally. Patrick's sign and Gaenslen's maneuver were negative. There was tenderness over the L4-5 and L5-S1 lumbar paraspinals. There was pain with lumbar flexion and extension. Straight leg raise elicited low

back pain bilaterally. The medical treatment plan is for the injured worker to undergo physical therapy, 6 visits, 1 to 2 times weekly for the low back. The rationale and Request for Authorization form were 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, 6 visits, 1-2 times weekly to the low back: Upheld

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

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

Decision rationale: The request for physical therapy, 6 visits, 1 to 2 times weekly to low back is not medically necessary. The California MTUS 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of treatment process in order to maintain improvement levels. There was a lack of documentation indicating that the injured worker's prior course of physical therapy as well as the efficacy of prior therapy. The guidelines recommend up to 10 visits of physical therapy; it is unclear as to how many physical therapy sessions the injured worker has had for the lumbar back. Injured workers are also instructed and expected to continue active therapies at home as an extension of treatment process in order to maintain improvement levels. There was a lack of documentation regarding the injured worker's prior course of therapy, as well as efficacy of prior therapy. The amount of physical therapy visits that the injured worker has completed to date were not provided. Objective findings regarding the lumbar spine were not provided. There was also lack of documentation to evaluate functional deficits requiring therapy. There were no specific barriers to transition the injured worker to an independent home exercise program. In addition, the rationale for the submitted request was not provided. Given the above, the injured worker is not within recommended guideline criteria. As such, the request is not medically necessary.