

Case Number:	CM14-0214942		
Date Assigned:	01/07/2015	Date of Injury:	10/03/2013
Decision Date:	02/24/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/22/2014

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 28 year old employee with date of injury of 10/13/13. Medical records indicate the patient is undergoing treatment for lumbar sprain; central canal stenosis at L3-4, L4-5 and L5-S1. Moderate facet hypertrophy at: L2-3; at L3-4, L4-5 and L5-S1. Disk protrusion and bilateral foraminal narrowing at L5-S1. Subjective complaints include pain in the low back down the right lower extremity. Pain is described as stabbing or stretching. Pain level is 5/10 and increases to 8/10 with activity. Low back stiffness with a “grinding” on the right. Her low back feels like it “locks” and there is a feeling of a lump in her left calf. She gets numbness and tingling into the right S1 distribution. Prior physical therapy was limited due to pain. Objective findings include exam of lumbar spine: flexion, 61; extension, 28 with pain; lateral bending 45 to the right and 46 to the left. Rotation is 58 to the right and 55 to the left. Negative straight leg raise; Lasegue’s equivocal on the right but produced back pain at 80 degrees. Negative clonus, Babinski and Faber tests. Treatment has consisted of PT, Hydrocodone and ESIs. The utilization review determination was rendered on 12/16/14 recommending non-certification of additional physical therapy 2x a week for 4 weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy twice a week for four weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy Guidelines, Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: “Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine.” Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a “six-visit clinical trial” of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. In the most recent note, the physician states that the patient is now pregnant and further treatment is precluded. The treating physician states that the patient had prior therapy but was limited due to pain and does not state the outcome of the previous physical therapy. As such, the request for physical therapy twice a week for four weeks for the lumbar spine is not medically necessary.