

Case Number:	CM14-0218788		
Date Assigned:	01/08/2015	Date of Injury:	10/20/2012
Decision Date:	03/12/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/30/2014

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 22 year old female with a date of injury as 10/20/2012. The mechanism of injury occurred when the injured worker tried to open a door. The current diagnoses include degenerative disc disease lumbar spine, and lumbar stenosis. Previous treatments include medications, physical therapy, chiropractic therapy, acupuncture, epidural steroid injection, activity modification, and exercise program. The documentation dated 11/21/2014 revealed that the injured worker presented with complaints that included continued low back pain. The physical examination revealed a decreased range of motion of the lumbar spine. The injured worker returned to upright position with mild pain behavior without a catch. The injured worker had a negative straight leg raise examination. The injured worker had good strength at ankle flexor, plantar flexor, invertor and evertor. The deep tendon reflexes were symmetric in the patella and Achilles. The treatment plan included physical therapy for aerobic capacity, core strengthening, flexibility, McKenzie exercises and "DMT" type exercises. The utilization review performed on 12/09/2014 non-certified a prescription for physical therapy 2x week x 6 weeks for the lumbar spine based on no documentation of objective functional response to prior physical therapy and the number of prior physical therapy treatments completed was not included. The reviewer referenced the California MTUS, ACOEM and Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 6 weeks Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Physical Therapy Guidelines

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend physical medicine treatment for myalgia and myositis, as well as radiculitis and radiculopathy for up to 10 visits. The clinical documentation submitted for review indicated the injured worker had previously attended physical therapy. There was a lack of documentation of objective functional benefit that was received and the quantity of sessions that were attended. Additionally, there was a lack of documentation of objective functional deficits to support the necessity for ongoing therapy. Given the above, the request for physical therapy 2 times a week for 6 weeks lumbar spine is not medically necessary.