

Case Number:	CM14-0218889		
Date Assigned:	01/08/2015	Date of Injury:	09/13/2000
Decision Date:	03/12/2015	UR Denial Date:	12/11/2014
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 71-year-old male with a reported injury on 09/13/2000. The mechanism of injury was not provided. The injured worker's diagnoses were noted to include lumbago and pain in the foot, leg, arm, and finger. His past treatments have included activity modification and medications. No diagnostic testing was provided for review. No surgical history was provided. The injured worker was evaluated on 11/17/2014, for complaints of low back pain. The patient indicated that his pain had increased after raking up leaves. He reported that his medications were helpful and he had no side effects. He reported most of his pain was at the right thigh, buttocks, and toes. The clinician indicated the pain was in the L2-3 radicular pattern. The patient described his lumbosacral spine pain as aching, constant, dull, and throbbing. He also reported sciatica on the right. The injured worker described his pain as 8/10 in intensity with medications. The injured worker was able to perform self care. The injured worker did complain of spasms/spasticity, stiffness, insomnia, and fatigue. Physical examination of the spine, ribs, and pelvis revealed tenderness at the lumbar spine and facet joints. There was an unspecified decrease in flexion, extension, and lateral bending. The clinician's treatment plan was to continue the injured worker's medications and recommend physical therapy for 12 visits to get him back to baseline. The Request for Authorization for the physical therapy was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the low back; 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): (s) 298-299, Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The request for physical therapy for the low back; 12 sessions, is not medically necessary. The patient continued to complain of back pain. The California MTUS Chronic Pain Guidelines recommend physical therapy for restoring flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. The guidelines recommend physical medicine in the amount of 9 to 10 visits over 8 weeks for unspecified myalgia and myositis. An initial course of therapy would be half of the recommended number of visits, in this case 4 to 5. While the provided documentation did indicate an unspecified decrease in function, without quantifiable measures of flexion, extension, and lateral bending, there would be no way to determine the efficacy of the proposed therapy. Additionally, the requested number of visits exceeds the guideline recommended number of visits for an initial course of therapy. There was also no documentation of a home exercise program or exercises/stretching techniques provided and encouraged by the treating clinician. As such, the requested treatment is not supported. Therefore, the request for physical therapy for the low back; 12 sessions, is non-certified.