

Case Number:	CM14-0140511		
Date Assigned:	09/10/2014	Date of Injury:	10/11/2010
Decision Date:	10/07/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 53 year-old female who sustained multiple injuries on 10/11/10. She rates the low back pain at 4/10 with burning pain in the lower extremities. On exam, lumbar spine has restricted and painful range of motion. There is paraspinal tenderness with paraspinal spasms noted. There is positive straight leg raise test eliciting pain at L5-S1 dermatome distribution. There is hypoesthesia at the anterolateral aspect of foot and ankle of incomplete nature noted at L5-S1 dermatome distribution. There is weakness in the big toe dorsiflexor and big toe plantar flexor bilaterally. She is status post cervical spine epidural-steroid based procedures on 03/17/14 and 06/09/14. Epidural steroid injection was recommended. On 07/06/12, she was referred for a course of physical therapy (PT) and acupuncture treatments without benefits. On 03/06/14, she reported significant improvement in cervical spine since starting physical therapy (PT). ██████████ in his reports of 07/01/14 and 08/12/14 indicated she failed to improve with conservative care including physical therapy (PT), rest, and medications. Diagnoses included, contusion to the head scalp, lacerations, cerebral concussion; cervical spine sprain/strain, herniated cervical disc; lumbar spine sprain/strain; and right shoulder sprain/strain. The request for physiotherapy to the cervical spine and lumbar spine of 2 times a week for 6 weeks was denied on 08/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psyiotherapy to the cervical spine and lumbar spine of 2 time a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: As per the California Medical Treatment Utilization Schedule guidelines, physical medicine 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. The guidelines recommend 9 visits over 8 weeks for intervertebral disc disorders without myelopathy, 10 visits over 8 weeks for cervical sprains and strains, or Lumbago/Backache. Per the California Medical Treatment Utilization Schedule for Physical Medicine, allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. In this case, there is no record of prior physical therapy progress notes with documentation of any significant improvement in the objective measurements (i.e. pain level, range of motion, strength or function) to demonstrate the effectiveness of physical therapy in this injured worker. Furthermore, there is no mention of the patient utilizing a home exercise program (HEP). At this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels. There is no evidence of presentation of an acute or new injury with significant findings on examination to warrant any treatments. Additionally, the request for physiotherapy would exceed the guidelines recommendation. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.