

Case Number:	CM13-0009391		
Date Assigned:	12/04/2013	Date of Injury:	05/29/2012
Decision Date:	02/03/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	08/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, 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 physician 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.

CLINICAL CASE SUMMARY

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

Patient is a 53-year-old who sustained industrial injury dated 05/29/2012. Treater is requesting 9 physical therapy sessions. Initial orthopedic report by [REDACTED], dated 06/10/2013, states patient's diagnosis as cervical sprain with pre-existing cervical fusion at C5-6, thoracic sprain and lumbosacral sprain with chronic degenerative disc disease. X-ray of lumbar spine showed considerable narrowing of L5-S1, remaining disc spaces are well-maintained throughout. In this report, [REDACTED] recommends additional 9 physical therapy sessions, which is to be continued with already approved aqua therapy twice a week until the end of the month. UR dated 07/08/2013 denied the requested 9 physical therapy sessions for exceeding the MTUS guidelines for Chronic Pain. Reviewer states patient has undergone extensive course of therapy and should have enough experience with necessary exercises that she can continue on her own. Medical records indicate patient has been treated by multiple providers. Doctor's first report by [REDACTED], dated 07/16/2012, recommended physical therapy (PT) for patient at a rate of 3x per week for 4-6 weeks for lower back pain. Initial consultation report by [REDACTED], dated 08/01/2012, requests patient to report to PT 3x per week for chronic complaints of lower back pain. [REDACTED] also documents that despite prior conservative treatment, such as PT, patient continues to experience lower back pain. Progress report by [REDACTED], dated 11/08/2012, recommends continuing current course of physiotherapy prescribed by PTP, however, in his treatment recommendation he states patient has been unresponsive to recent conservative treatment like PT and recommends a lumbar facet joint block. Doctor's first report by [REDACTED] on 02/06/2013 states treatment plan is for PT 2x4 for lumbar strain/sprain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar spine, three times per week for three weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: The Physician Reviewer's decision rationale: Treater is requesting 9 physical therapy sessions. Initial orthopedic report by [REDACTED], dated 06/10/2013, states patient's diagnosis as cervical sprain with pre-existing cervical fusion at C5-6, thoracic sprain and lumbosacral sprain with chronic degenerative disc disease. X-ray of lumbar spine showed considerable narrowing of L5-S1, remaining disc spaces are well-maintained throughout. In this report, [REDACTED] recommends additional 9 physical therapy (PT) sessions, which is to be continued with already approved aqua therapy twice a week until the end of month. UR dated 07/08/2013 denied the requested 9 Physical therapy sessions for exceeding the Chronic Pain Medical Treatment Guidelines for Chronic Pain. Reviewer states patient has undergone extensive course of therapy and should have enough experience with necessary exercises that she can continue on her own. Medical records indicate patient has been treated by multiple providers. Doctor's first report by [REDACTED], dated 07/16/2012, recommended PT for patient at a rate of 3x per week for 4-6 weeks for lower back pain. Initial consultation report by [REDACTED], dated 08/01/2012, requests patient to report to PT three times per week for chronic complaints of lower back pain. [REDACTED] also documents that despite prior conservative treatment, such as PT, patient continues to experience lower back pain. A progress report by [REDACTED], dated 11/08/2012, recommends continuing current course of physiotherapy prescribed by peer-to-peer review, however, in his treatment recommendation he states patient has been unresponsive to recent conservative treatment like PT and recommends a lumbar facet joint block. Doctor's first report by [REDACTED] on 02/06/2013 states treatment plan is for PT 2x4 for lumbar strain/sprain. It is clear, by the reports mentioned, that the patient has had excessive physical therapy to address her chronic lower back pain. For the given diagnosis of chronic pain that include myalgia and myositis, the Chronic Pain Medical Treatment Guidelines section on physical therapy guidelines recommends 9-10 visits over 8 weeks. There is no rationale, such as a new injury, a flare up or decline in function in requesting additional physical therapy sessions. Patient has had no functional improvement or relief in pain. The Chronic Pain Medical Treatment Guidelines recommends allowing of fading of treatment frequency and a transitioning to a home exercise program. The request for physical therapy for the lumbar spine, three times per week for three weeks, is not medically necessary or appropriate.