

Case Number:	CM13-0009703		
Date Assigned:	11/06/2013	Date of Injury:	04/17/2000
Decision Date:	01/07/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/12/2013

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 & Rehabilitation, has a subspecialty in Pain Management 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. 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:

This is a male patient with the date of injury of April 17, 2000. A utilization review determination dated July 29, 2013 recommends non-certification for 6 additional sessions of physical medicine treatments. Diagnoses include chronic low back sprain/strain, left leg radiculopathy, left testicular pain secondary to number 1 above, status post lumbar surgery, and myofascial pain syndrome in the lumbosacral spine. The treatment plan goes on to state that the patient should be seen in the facility for physical medicine treatment 1 to 3 times over a two-week period for any acute flares of his chronic pain that he is unable to resolve with his home exercise program and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six sessions of physical therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7,58-60.

Decision rationale: California MTUS guidelines emphasize the use of a functional restoration approach when dealing with chronic pain issues. The functional restoration approach advocates

an individual acquiring the skills, knowledge, and behavioral change necessary to avoid preventable complications and assume or reassume primary responsibility for his/her physical and emotional well-being post injury. They go on to recommend that independent self-management is a long-term goal of all forms of functional restoration. Guidelines state that elective/maintenance care is not medically necessary. Guidelines state that for recurrences and flare-ups, if return to work is achieved, then 1 to 2 visits every 4 to 6 months may be indicated. Within the documentation available for review, it is unclear exactly how many physical medicine sessions have been provided for this patient thus far. The frequency with which the physical medicine treatments are being provided seems to well exceed the 1 to 2 every 4 to 6 months recommended by guidelines. Additionally, the medical notes do not indicate exactly what the criteria are for this patient to receive additional physical medicine treatments for a flare-up. Between the dates of July 17, 2013 and September 22, 2013, there are no physician progress reports including subjective complaints and an objective examination identifying an objectively measurable flare-up prior to the patient undergoing physical medicine treatment. It is unclear what medications have been attempted during an acute flare-up state, and how the patient has responded to such treatment. There is no mention that the patient is using other modalities to address flare-ups such as heat, ice, activity modification, massage, distraction, cognitive behavioral techniques, or TENS. The request for physical therapy is not medically necessary and appropriate.