

Case Number:	CM13-0016723		
Date Assigned:	06/06/2014	Date of Injury:	09/22/2000
Decision Date:	07/29/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	08/26/2013

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, 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 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:

This is a female patient with the date of injury of September 22, 2000. A utilization review determination dated August 22, 2013 recommends non-certification of physical therapy of the lumbar spine at two times a week for eight weeks, instead the request is modified to approve to sessions. A progress note dated June 6, 2013 identifies subjective complaints of ongoing back pain with limitations in lifting, bending, and twisting just complains of spasm and nerve pain to the left lower extremity with symptoms that are present intermittently and they respond well to acupuncture. There is report that the patient received relief from SI joint injections and medial branch blocks. The patient states that Cymbalta helps with pain and that she is currently practicing meditation. The patient states that physical therapy is helping her unlearn old techniques that have not helped with posture and maintaining a neutral spine. Physical examination of the lumbar spine identifies tenderness over at the lumbosacral area, no sensory loss, intact reflexes, and a positive straight leg raise on the left. Diagnoses include low back pain, lumbar degenerative disc disease, and spinal stenosis. The treatment plan recommends facet injections, acupuncture, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy, two times eight, for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for physical therapy for the lumbar spine at 2 times a week for 8 weeks, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Official Disability Guidelines (ODG) has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Guidelines recommend 10 visits of physical therapy over 8 weeks for the diagnosis of lumbar degenerative disc disease and also for lumbar stenosis. Within the documentation available for review, there is no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. As of a physical therapy note dated September 26, 2013 the patient had completed 18 visits of physical therapy, which exceeds the 10 visits of physical therapy