

Case Number:	CM13-0022015		
Date Assigned:	01/31/2014	Date of Injury:	12/12/2012
Decision Date:	04/15/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	09/10/2013

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 Occupational Therapy 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 patient reported a 12/12/12 date of injury. At the time of the request (8/20/13) for authorization for physical therapy for the lumbar spine, there is documentation of subjective (constant nagging pain in the lower back traveling to the buttocks and thighs) and objective (decreased and painful lumbar spine range of motion, as well as tenderness and spasms over the paravertebral muscle) findings, current diagnosis (lumbosacral radiculopathy), and treatment to date (12 previous physical therapy treatments providing temporary pain relief, acupuncture, and injections). Medical reports identify a request for physical therapy 3 times a week for 4 weeks to lumbar spine. There is no documentation of a statement of exceptional factors to justify exceeding guidelines; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy provided to date.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Physical therapy, and Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of lumbosacral radiculitis not to exceed 12 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of a diagnosis of lumbosacral radiculopathy. In addition, there is documentation of previous physical therapy treatments and a request for physical therapy 3 times a week for 4 weeks to lumbar spine. Furthermore, given documentation of subjective (constant nagging pain in the lower back traveling to the buttocks and thighs) and objective (decreased and painful lumbar spine range of motion, as well as tenderness and spasms over the paravertebral muscle) findings, there is documentation of functional deficits and functional goals. However, given documentation of 12 physical therapy treatments completed to date, which is the limit of physical therapy guidelines, there is no documentation of a statement of exceptional factors to justify exceeding guidelines. In addition, despite documentation of previous physical therapy treatments providing temporary pain relief, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Therefore, based on guidelines and a review of the evidence, the request for physical therapy for the lumbar spine is not medically necessary.