

Case Number:	CM13-0022568		
Date Assigned:	11/13/2013	Date of Injury:	11/26/2012
Decision Date:	01/08/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/10/2013

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, 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:

The patient is a 55-year-old male who reported an injury on 11/26/2012 after moving a desk causing strain to the lower and upper back. The patient was initially treated with medications and physical therapy. The clinical documentation submitted for review does provide evidence the patient participated in 11 visits of physical therapy and was considered to be compliant. It was noted the patient was educated in a home exercise program. The patient did receive additional physical therapy; however, the patient had continued pain complaints of the lumbar spine and thoracic spine. The patient underwent a MRI of the lumbar spine that revealed a disc protrusion at the T7-8 level which did not compress the ventral aspect of the thoracic spinal cord. The patient was evaluated on 05/08/2013 and it was noted the patient fully recovered from the patient's lumbar thoracic strain. The patient then reported worsening symptoms of the lumbar spine. Physical findings included severe restriction of the lumbar spine secondary to pain and 2+ tenderness to palpation of the mid thoracic area. The patient's treatment plan included additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 6 sessions for lumbar only: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The request for physical therapy for 6 sessions for the lumbar spine only is not medically necessary or appropriate. Although the patient has had previous lumbar complaints, it was noted within the documentation that the patient has undergone physical therapy through a chiropractor and physical therapy through standard physical therapy program. The most recent evaluation of the patient does not include any deficits of the lumbar spine that would require additional physical therapy. California Medical Treatment Utilization Schedule recommends up to 10 visits for patients in the chronic phase of an injury. As the patient has received physical therapy well in excess of this recommendation, it is unclear how additional physical therapy would benefit the patient. There are no exceptional factors documented within the submitted documentation to support the need to extend treatment beyond guideline recommendations. It is also noted the patient is well-versed in a home exercise program. There are no barriers to preclude maintenance of the patient's current function level or improvement in symptoms through a home exercise program.