

Case Number:	CM13-0023155		
Date Assigned:	11/15/2013	Date of Injury:	12/12/1994
Decision Date:	01/03/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/11/2013

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 Interventional Spine 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:

The IMR application lists the date of injury as 12/12/1994, and shows a dispute with the 8/22/13 UR decision for PT for the lumbar region. The 8/22/13 UR decision is by [REDACTED], and is based on the 6/26/13 medical report. The rationale for denial of PT x8 is that the condition "is extremely chronic" and surgery was 13 years ago and the IW had prior courses of PT without sustained functional improvement. According to the 6/26/13 through 9/4/13 reports from [REDACTED], the patient has 7-8/10 neck, mid and low back pain. The neck pain radiates to BUE, the low back radiates to BLE and the mid back pain is a burning sensation and the patient has depression, anxiety and insomnia.. Exam shows some decrease in cervical ROM. [REDACTED] is appealing a lumbar MRI and states the patient will continue PT at 2x/week. The rationale for the lumbar MRI was that it has been a year since the last MRI and the patient failed to respond even with exhaustion of treatment measures.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (2009) which are part of the MTUS. Page(s): 8-9 an.

Decision rationale: The physician states the patient has failed to respond to treatment measures since 6/3/12, the date of the last MRI. Although he reported this as an appeal for an updated lumbar MRI, it is relevant for the PT request. He reports the patient had been doing PT 2x/week, but if there is a failure to respond to PT, the necessity for continuing it, is not established. Comparing the subjective and objective findings on the 6/26/13 report to the 9/4/13 report, there is no improvement despite the unknown number of PT visits. MTUS states "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement." The reporting does not reflect functional improvement nor subjective improvement with prior PT and does not support the necessity for continuing PT.