

Case Number:	CM13-0025772		
Date Assigned:	11/20/2013	Date of Injury:	08/21/1984
Decision Date:	02/03/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/18/2013

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 Pain Medicine, and is licensed to practice in Ohio and Texas. 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 58-year-old male with a reported date of injury on 08/21/1984. The patient presented with tenderness to palpation over the pelvic brim with facet-related tenderness, iliocostalis, longissimus, and the insertion of the left side of the latissimus dorsi over the pelvic brim were acutely inflamed, and low back pain. The patient had diagnoses including lumbosacral neuritis and myofascial pain. The physician's treatment plan included a request for 8 Physical Therapy Sessions to the Lumbar Spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 physical therapy sessions to the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The California MTUS guidelines note active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of

therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The guidelines recommend 8-10 sessions of physical therapy over 4 weeks. The guidelines also recommend patients should undergo a 6 session trial of physical therapy followed by a complete assessment of the patient's condition in order to assess functional improvement before continuing therapy. It appears the patient attended 8 sessions of physical therapy previously. Within the provided documentation, the requesting physician did not include an adequate and complete assessment of the patient's objective functional condition prior to beginning physical therapy as well as after completion of physical therapy. The requesting physician did not include a complete assessment of the patient's current objective functional condition in order to demonstrate deficits needing to be addressed with physical therapy. Additionally, the request for 8 additional sessions of physical therapy for the lumbar spine would exceed the Guideline recommendations. Therefore, the request for 8 Physical Therapy Sessions to the Lumbar Spine is neither medically necessary nor appropriate.