

Case Number:	CM13-0025783		
Date Assigned:	01/03/2014	Date of Injury:	03/08/2011
Decision Date:	06/30/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/09/2013

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 Medicine, 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 48 year old man who has reported low back pain after an injury on March 5, 2011. He has been diagnosed with a lumbar strain and radiculopathy. Treatment has included physical therapy, medications, acupuncture, and injections. Per the primary treating physician report of 5/24/13, 7 of 12 recent physical therapy visits had been completed. Per the physical therapy report of 5/28/13, 8 of 12 visits were completed. No primary treating physician reports after these physical therapy visits addresses the specific results and benefit of the physical therapy. On 8/16/13, the primary treating physician noted baseline low back pain and recommended additional physical therapy. There were no specific functional deficits, no modalities of treatment listed, and no rationale was given for the physical therapy request.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY ONCE A WEEK FOR 12 WEEKS:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

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

Decision rationale: Per the Chronic Pain Medical Treatment Guidelines, functional improvement is the goal rather than the elimination of pain. The maximum recommended quantity of physical medicine visits is 10, with progression to home exercise. The treating physician has not stated a purpose for the current physical therapy prescription. It is not clear what is intended to be accomplished with this physical therapy, given that it will not cure the pain and there are no other goals of therapy. The current physical therapy prescription exceeds the quantity recommended in the MTUS. This injured worker has already completed a course of physical medicine which meets the quantity of visits recommended in the MTUS. No medical reports identify specific functional deficits, or functional expectations for further physical medicine. The physical medicine prescription is not sufficiently specific, and does not adequately focus on functional improvement. There is no evidence of functional improvement from the physical therapy to date. Additional physical medicine is not medically necessary.