

Case Number:	CM13-0028162		
Date Assigned:	03/14/2014	Date of Injury:	04/10/2007
Decision Date:	04/25/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/23/2013

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 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 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:

According to the records made available for review, this is a 44-year-old female with a 4/10/07 date of injury. At the time (9/6/13) of request for authorization for additional Physical Therapy, 8 sessions for the lumbar spine, there is documentation of subjective low back pain with prolonged sitting, standing, and walking. Objective restricted cervical range of motion findings. Current diagnoses are lumbar radiculopathy. Treatment to date include 12 physical therapy sessions completed. Medical report identifies that the patient has improved postural awareness and alignment as well as overall improved movement involving positional changes as a result of physical therapy. 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 with previous physical therapy and remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY 2 TIMES 4 LUMBAR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-303.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
PHYSICAL MEDICINE Page(s): 98. Decision based on Non-MTUS Citation Official Disability
Guidelines (ODG).

Decision rationale: The 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. The Official Disability Guidelines (ODG) recommends a limited course of physical therapy for patients with a diagnosis of lumbar radiculopathy not to exceed 12 visits over 8 weeks. The 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 lumbar radiculopathy. In addition, there is documentation of 12 physical therapy sessions completed, which is the limit of guidelines. Furthermore, despite documentation of improved postural awareness and alignment as well as overall improved movement involving positional changes as a result of physical therapy, 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 with previous physical therapy. Lastly, despite documentation of subjective (low back pain with prolonged sitting, standing, and walking) and objective (restricted cervical range of motion) findings, there is no documentation of remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines. The request for additional physical therapy 2 times a week for 4 weeks for the lumbar spine is not medically necessary and appropriate.