

Case Number:	CM13-0028961		
Date Assigned:	01/24/2014	Date of Injury:	08/09/2012
Decision Date:	04/22/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/24/2013

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:

This 34 year-old patient sustained an injury on 8/9/12 while employed by [REDACTED], [REDACTED]. Request under consideration include physical therapy twice a week for four weeks for the lumbar spine. Diagnoses included Spondylolisthesis; lumbar intervertebral disc degeneration; and lumbar disc displacement without myelopathy. Report of 8/21/13 from the provider noted patient with complaints of pain and discomfort in the lower back. PT has helped a lot and has been using TENS unit. Previous conservative care has included physical therapy; however, no quantity was specified. Exam showed lumbar range of motion with 20 degrees flexion and 15 degrees extension and intact motor strength. Treatment recommendation for the above PT 2x4 was non-certified on 9/5/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

REQUEST FOR PHYSICAL THERAPY TWICE A WEEK FOR FOUR WEEKS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Final Determination Letter for IMR Case Number CM13-0028961 3 Guidelines (ODG), -Treatment for Worker's Compensation, Online Edition, Chapter Low Back- Lumbar & Thoracic, Physical Therapy.

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

Decision rationale: The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. In this case, submitted reports have no acute flare-up or specific physical limitations to support for physical therapy. There are unchanged chronic symptom complaints and clinical findings without clear neurological deficits. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The employee reported therapy helping; however, without clear specific functional improvement in ADLs, work status, or decrease in medication and utilization without physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support further treatment, the request for physical therapy twice a week for four weeks for the lumbar spine is not medically necessary and appropriate.