

Case Number:	CM13-0033441		
Date Assigned:	12/06/2013	Date of Injury:	07/13/2011
Decision Date:	04/04/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/09/2013

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 Pain 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 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 injured worker is a 37 year old male had a reported date of injury of 7/13/11. The patient's mechanism of injury was having a package fall onto his shoulder from a cart. The patient carried a diagnosis of lumbago and lumbar radiculitis. The patient as per a progress note dated 8/19/2013 was working on modified duty with restrictions of: no lifting, pushing, or pulling greater than 40 lbs. The patient has had a qualified medical evaluation on 8/20/2013, which determined for future medical treatment that the patient may have additional injections and surgery based on the diagnostic test findings; chiropractic treatment and acupuncture will not be needed in the future. The patient had reached maximum medical improvement (MMI), and the patient had 12% whole person impairment. In a progress note dated 9/6/13, the requesting provider ordered 12 additional physical therapy sessions. The patient was documented to have continued back pain and significant tenderness and spasm in the left lower lumbosacral spine. The patient was prescribed Norco 10/325mg. According to a utilization review determination, "the patient had undergone 12 sessions of physical therapy." The rationale for non-certification was that the patient had attended 12 sessions of PT and "no documented assessment of the patient's functional gains and functional deficits documented after the 12 sessions to demonstrate the need for additional physical therapy."

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar spine (5 sessions): Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines regarding, physical medicine, "Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. 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. " According to the Official Disability Guidelines, "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine; Myalgia and myositis, unspecified, 9-10 visits over 8 weeks; reflex sympathetic dystrophy, 24 visits over 16 weeks. In the case of this injured worker, a physical therapy note from July 2013 indicates that the patient has been participating in therapeutic exercise, electrical stimulation, kinesiotaping to the low back. It is not obvious how many session have been attended to date. A progress note from April 29, 2013 documents in the treatment section that the patient will start 3 times per week for 4 weeks of physical therapy. There is no clear documentation of objective functional gains from previous physical therapy, and therefore the request for additional therapy cannot be supported. The request for physical therapy for the for the lumbar spine once a week for five weeks is not medically necessary and appropriate.