

Case Number:	CM13-0033913		
Date Assigned:	12/06/2013	Date of Injury:	01/25/2005
Decision Date:	01/30/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/11/2013

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 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 60-year-old female who reported an injury on 01/23/2005 due to a lifting injury. The patient's chronic low back pain has been treated with physical therapy, medications, massage therapy, and epidural steroid injection. The patient underwent an electrodiagnostic study that revealed findings compatible with L5 radiculopathy. The patient underwent an MRI that revealed there was a disc bulge at the L3-4 and L4-5 causing moderate to severe foraminal narrowing. The patient's most recent clinical evaluation noted that the patient had undergone an epidural steroid injection on 08/28/2013 that provided resolution of pain and radicular symptoms. Physical findings included bilateral paraspinal tenderness with normal range of motion and normal neurological examination. The patient's diagnoses included lumbar radiculopathy. The patient's treatment plan included physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY (PT) sessions: QTY 8.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Physical Medicine.

Decision rationale: The requested PHYSICAL THERAPY (PT) sessions: QTY 8.00 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient significantly benefited from the epidural steroid injection administered in 08/2013. However, California Medical Treatment and Utilization Schedule recommends that patients be transitioned into a home exercise program to maintain functional improvements obtained during skilled therapy. The clinical documentation submitted for review does provide evidence that the patient has had extensive physical therapy. The patient should be well versed in a home exercise program. There are no barriers noted within the documentation to preclude the patient from participating in a home exercise program. The Official Disability Guidelines recommend 1 to 2 physical therapy visits status post an epidural steroid injection to re-educate and re-establish a home exercise program. The requested 8 physical therapy sessions exceeds this recommendation. There are no exceptional factors noted within the documentation to support exceeding Guideline recommendations. As such, the requested PHYSICAL THERAPY (PT) sessions: QTY 8.00 is not medically necessary or appropriate.