

Case Number:	CM13-0038347		
Date Assigned:	12/18/2013	Date of Injury:	08/08/2007
Decision Date:	04/03/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/30/2013

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 Management 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:

This case involves a patient with a date of injury of 8/8/07. A utilization review determination, dated 9/3/13 recommends non-certification of physical therapy two (2) times a week for four (4) weeks for the lumbar spine. An 8/14/13 medical report identifies pain on the right side of the low back and right thigh, rated 2-4/10. On exam, there is lumbar tenderness and paraspinous muscle spasming on the right. The treatment plan included physical therapy. A supplemental report, dated 9/4/13 identifies that the provider is waiting to proceed with radiofrequency neurolysis and physical therapy, was requested in the interim to decrease the patient's spasming and increase function. The provider also noted that the WCAB judge did indicate that the radiofrequency neurolysis was authorized contingent upon the patient providing "adjunct rehabilitation program," thus another reason 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 two (2) times a week for four (4) weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The Chronic Pain Guidelines indicate that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Within the documentation available for review, the patient is noted to have a longstanding injury and there is no documentation of current functional deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. The provider also notes that another reason for the physical therapy request was that radiofrequency neurolysis was authorized contingent upon the patient being provided with an "adjunct rehabilitation program," but given the lack of significant functional deficits, the documentation does not clearly identify why this could not be accomplished by adherence to an independent home exercise program. The guidelines indicate that the criteria for radiofrequency neurotomy require only that there should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. In light of the above issues, the current request is not medically necessary.