

Case Number:	CM13-0041339		
Date Assigned:	12/20/2013	Date of Injury:	12/07/2004
Decision Date:	03/21/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/14/2013

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 is a female patient with the date of injury of December 7, 2004. A utilization review determination dated September 20, 2013 recommends non-certification of physical therapy two (2) times a week for four (4) weeks for the lumbar spine. The previous reviewing physician recommended non-certification of the physical two (2) times a week for four (4) weeks for the lumbar spine due to lack of documentation of a recent exacerbation or aggravation with an associated decline in function after a specific incident which has been unresponsive to an established home exercise program. A Progress report dated October 9, 2013 identifies subjective complaints of ongoing low back pain and neck pain. The neck pain continues to radiate into upper extremities, more so on the left. The low back pain is localized currently. Physical therapy helped significantly. Objective findings identify no significant change. Diagnosis/Diagnoses include chronic neck pain, left upper extremity greater than right side pain, chronic low back pain and left lower extremity pain, status post (s/p) discectomy fusion at L4-L5 on January 10, 2011. The plan was to continue doing her physical therapy exercises.

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 Physical Medicine Section. Decision based on Non-MTUS Citation ODG-TWC Neck and Upper Back Procedure Summary and the ODG-TWC Low Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. The ODG has more specific criteria for the ongoing use of physical therapy. The ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, it is stated that the physical therapy helped significantly. However, there is no documentation of the number of prior sessions completed. There is no indication of any objective functional improvement from the therapy already provided, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. In the absence of such documentation, the current request for physical therapy, two (2) times a week for four (4) weeks, for the lumbar spine is not medically necessary.