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| Case Number: | CM13-0042541 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 05/11/2010 |
| Decision Date: | 03/18/2014 | UR Denial Date: | 10/07/2013 |
| Priority: | Standard | Application Received: | 10/17/2013 |

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 & 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 60-year-old male correction officer with an original date of injury on May 11, 2010. The covered body regions include low back and mental. The carrier has objected to the claim for upper back, soft tissue neck, shoulders, and hands. The injured worker has had lumbar MRI which showed degenerative changes with moderate to severe left and mild right foraminal narrowing at the L5 S1 level. There is mild chronic anterior wedge compression deformity at L1 with approximately 30% loss of disc height, and the patient has had bilateral laminectomies from levels L3 through S1. The disputed request is a request for three sessions of physical therapy. The patient is currently working 50% of the time. A utilization review determination had denied the request for physical therapy. The stated rationale was that there is "no evidence of an acute flare" and "deficits to be addressed, measurable goals, and a reasonable timetables to reach these goals are not provided." The reviewer also mentions no documentation of patient participation in a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 3: 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: The Physician Reviewer's decision rationale: In the case of this injured worker, there is documentation in a progress note on date of service September 5, 2013 that the patient is participating in his independent home exercise program. The patient is noted to report that there are "many days that his low back pain will flare causing him to walk crooked." The patient continues to have numbness on the bottom of his feet. Supportive therapy includes narcotic pain medication, antidepressants, muscle relaxants, ibuprofen, and the patient is noted to be working part-time. Physical examination then demonstrates numbness on the dorsal aspect of both feet as well as muscle guarding with palpation of the lumbar paravertebral muscles. There is a request for additional physical therapy to address flare-ups in pain that cannot be adequately addressed by home exercise program. However, there is no documentation of the functional benefit of prior physical therapy to date. The guidelines encourage active physical therapy which can typically be transition to self-directed home exercises, rather than passive physical therapy modalities. Given the lack of documentation of previous outcome of formal physical therapy, this request for additional physical therapy is recommended for noncertification.