

Case Number:	CM13-0042897		
Date Assigned:	12/27/2013	Date of Injury:	04/09/2001
Decision Date:	02/12/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/21/2013

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 Internal Medicine and is licensed to practice in New York. 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 56 year old female with a date of injury on 04/09/2001. She worked as a pharmacist and was bending down to look for medication when she had severe low back pain. The request was for 12 visits of physical therapy from 10/01/2013 to 12/03/2013. By 12/10/2010 she had at least two courses of physical therapy and one of aquatic therapy with no improvement because of pain. She had a L4-L5 fusion on 06/28/2011 and is S/P placement of a spinal cord stimulator for low back pain. She had post operative aquatic physical therapy. In 07/2012 and 08/2012 she had aquatic therapy. On 10/15/2012 after multiple courses of physical therapy and continued home exercise program the lumbar pain was 7/10. There were no motor deficits. Spinal curvature was normal. Gait was compensated with a cane. On 12/14/2012 physical therapy was started at [REDACTED]. On 04/24/2013 she had her 7th visit of physical therapy at [REDACTED]. By 05/15/2013 she had her 8th visit of physical therapy and more were requested. She was able to walk 30 to 40 minutes. On 06/26/2013 it was noted that she could not return to work and was totally disabled. On 10/01/2013 [REDACTED] noted no motor deficits and no abnormal curvature of the spine. There was tenderness to palpation of the spine. Pain was 7/10. Straight leg raising was positive at 45 degrees bilaterally. Gait was compensated with a cane. On 11/02/2013 the lumbar pain was 7/10. She was unchanged. There was decreased range of motion. She had multiple courses of physical therapy with no improvement in pain or functionality compared to 03/19/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy; 12 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 98, Postsurgical Treatment Guidelines.

Decision rationale: It is unclear how many courses of physical therapy and how many physical therapy visits she has completed. The date of injury was 04/09/2001 and the lumbar fusion was on 06/28/2011. The office visit record in this file starts in 2010. The MTUS for post lumbar fusion physical therapy is 34 visits but the period of time of physical therapy treatment has expired as the surgery was more than 2.5 years ago. For chronic pain there must be documentation of objective functional improvement. This has not been documented. She continues out of work with the same level of pain and no change in her medication. She does not meet MTUS chronic pain criteria for continued physical therapy since she had further physical therapy in 2013 with no objective documentation of improvement in her activities of daily living. By this point in time she should have been transitioned to a home exercise program. There is no objective documentation of any functional impairment that would preclude a home exercise program. Furthermore, there is no objective documentation that continued formal physical therapy at this point in time is superior to a home exercise program.