

Case Number:	CM13-0043858		
Date Assigned:	12/27/2013	Date of Injury:	05/16/2009
Decision Date:	02/28/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/31/2013

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 a date of injury of May 16, 2009. A utilization review determination dated October 7, 2013 recommends noncertification of additional physical therapy. Additional physical therapy is noncertified due to the patient having had 22 sessions already certified, with no documentation of objective functional improvement. A progress report dated August 26, 2013 includes subjective complaints indicating that the patient is permanent and stationary as of January 16, 2013. Physical examination findings identified reduced lumbar lordosis, tenderness around the lumbosacral junction, decreased motor strength with plantar flexion, decreased sensation globally in both legs, and negative straight leg raise. Diagnoses include degeneration of the lumbar enter vertebral disc, low back pain, and radiculopathy. The current treatment plan recommends follow-up with pain management for consideration of a spinal cord stimulator. Additionally, the note indicates the patient may benefit from physical therapy for the lumbar spine 3 times per week for 6 weeks. A supplemental report dated November 30, 2012 indicates that the patient was referred to physical therapy in 2002, 2003, 2004, and 2006. A progress report dated March 6, 2013 indicates that the patient was unresponsive to conservative measures, and should therefore undergo transforaminal epidural steroid injections. Progress report dated November 27, 2013 indicates that the patient had polio as a child and "her leg symptoms could be related to that." A progress report dated September 9, 2013 request 12 visits of physical therapy, stating that the patient has never had physical therapy during the course of her treatment, but that she has had epidural injections. Diagnoses include lumbar disc disease and lumbar spine radiculopathy. Physical examination findings identify normal strength in the lower extremities with reduced sensation bilaterally at L5 and S1 dermatomes. Current complaints include low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 4 weeks to the lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) pg.298, and the.

Decision rationale: Regarding the request for physical therapy, 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. ODG has more specific criteria for the ongoing use of physical therapy. 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 unclear whether the patient has had physical therapy for this date of injury previously. If the patient has had physical therapy previously, it is unclear how much therapy has been provided, 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. If the patient has not undergone physical therapy for this date of injury, then a trial of physical therapy may be appropriate. However, there is no documentation of specific objective functional treatment goals to be addressed and the number of sessions requested exceeds the number which would be recommended as a trial for this diagnosis (50% of the maximum 10-12 recommended for lumbar radiculopathy). In light of the above issues, the current request for physical therapy is not medically necessary.