

Case Number:	CM13-0049099		
Date Assigned:	12/27/2013	Date of Injury:	12/19/2000
Decision Date:	04/21/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation 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 expert 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 52 year-old female sustained a low back injury from lifting groceries on 12/19/00 while employed by [REDACTED]. Request under consideration include TWELVE (12) PHYSICAL THERAPY SESSIONS FOR LUMBAR SPINE. Report of 9/30/13 from the provider noted patient with constant low back pain and leg pain over the last 3-4 years, but relatively well-controlled until 2 weeks ago with increased stress. Pain radiates down left buttock into left calf, lateral ankle and foot with intermittent numbness. Exam noted gait and station were normal; DTRs were normal; no tenderness and spasm were noted over the lumbar spine; lumbar range in flex/ext/ and rotation R.& L. were 45/5/30/20 degrees; strength and tone of the bilateral hamstrings, quads, gastrocnemius, TA and EHL were 5/5 throughout; SLR positive on left without clonus, foot drop or Babinski's reflex. Diagnoses included lumbar and cervical degenerative disc disease. It was noted QME exam dated 4/23/02 allowed for future medical care of PT 12 visits over the next couple of years for flare-ups. Medications list Norco, Soma, and Naproxen. Request above for PT 12 sessions for the lumbar spine was non-certified on 10/25/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12)PHYSICAL THERAPY SESSIONS FOR LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL THERAPY Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
PHYSICAL THERAPY Page(s): 98-99.

Decision rationale: The Expert Reviewer's decision rationale: This 52 year-old female sustained a low back injury from lifting groceries on 12/19/00 while employed by [REDACTED]. Request under consideration include TWELVE (12) PHYSICAL THERAPY SESSIONS FOR LUMBAR SPINE. Report of 9/30/13 from the provider noted patient with constant low back pain and leg pain over the last 3-4 years, but relatively well-controlled until 2 weeks ago with increased stress. Pain radiates down left buttock into left calf, lateral ankle and foot with intermittent numbness. Exam had normal neurological motor strength of 5/5 and normal DTRs and sensation throughout lower extremities without tenderness or spasm of the lumbar spine. Although QME noted future medical for flare-up; however, recommendation was for 12 visits over the next couple of years from report which was dated 4/23/02 for this 2000 injury. Additionally, it appears per supplemental report from the provider the patient had chiropractic therapy for decompression and pursued PT with 18 certified lumbar PT visits certified to date. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There are unchanged chronic symptom complaints with intact neurological clinical findings. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. The employee has failed conservative treatment without physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support treatment request. The TWELVE (12) PHYSICAL THERAPY SESSIONS FOR LUMBAR SPINE is not medically necessary and appropriate.