

Case Number:	CM13-0055234		
Date Assigned:	12/30/2013	Date of Injury:	06/28/2012
Decision Date:	04/28/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/20/2013

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 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 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 is a female patient with a date of injury of June 28, 2012. A utilization review determination dated November 8, 2013 recommends non-certification for physical therapy 6 visits for the thoracic and lumbar spine. Non-certification is recommended due to a lack of clarity regarding how much therapy has been done previously, as well as a statement indicating why a home exercise program would be insufficient to address any remaining functional deficits. A report dated March 20, 2013 include subjective complaints of low back pain and weakness over the right lower extremity. Physical examination findings identify limited range of motion in the lumbar spine as well as slight weakness with dorsiflexion and plantar flexion of the right foot. Diagnoses include lumbar disc protrusion, multilevel facet arthropathy, and bilateral L5 radiculopathy. The treatment plan recommends additional physical therapy and a pain management consultation. A progress report dated September 5, 2013 identifies subjective complaints including low back pain which feels better currently. The note indicates that the patient underwent 12 sessions of physical therapy in December with "overall improvement in her condition. She was able to walk with a cane. Her pain slightly decreased in her lumbar spine spasms are diminished. She also reports that the strength of her right leg returned." Physical examination identifies reduced lumbar range of motion with pain and tenderness around the rhomboids and thoracic spine. Diagnoses include posttraumatic thoracic spine sprain/strain, posttraumatic lumbar spine sprain/strain, and lumbar osteoarthritis. The treatment plan indicates that the patient was instructed in a home exercise program including strengthening and stretching. The note requests that the patient undergo physical therapy 1-2 times a week for 4 weeks to emphasize strengthening, range of motion, and stabilization of the thoracolumbar and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE THORACIC AND LUMBAR SPINE (6 SESSIONS):

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional 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 10 visits over 8 weeks for the treatment of lumbar disc disorders. If an initial 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 how many physical therapy sessions the patient has already undergone. It appears that the patient has already had at least 12 physical therapy sessions. ODG recommends 10 visits over 8 weeks for the treatment of lumbar disc disorders. There is no statement identifying any intervening injury or other complication for which therapy above and beyond the maximum recommended by guidelines would be needed. Additionally, there is no statement indicating why an independent program of home exercise would be insufficient to address any remaining functional deficits. In the absence of such documentation, the currently requested additional physical therapy is not medically necessary.