

Case Number:	CM13-0065802		
Date Assigned:	01/03/2014	Date of Injury:	08/06/2010
Decision Date:	05/21/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/13/2013

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, 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:

According to the records made available for review, this is a 49-year-old male with an 8/6/10 date of injury. At the time (12/3/13) of the Decision for additional physical therapy twice a week for three weeks for degeneration of thoracic or lumbar intervertebral disc, there is documentation of subjective (low back pain rated as a 1 out of 10) and objective (tenderness to palpation over the lumbar spine and bilateral sciatic notch areas, and full lumbar range of motion) findings, current diagnoses (degeneration Final Determination Letter for IMR Case Number CM13-0065802 3 of thoracic or lumbar intervertebral disc), and treatment to date (6 physical therapy sessions authorized on 8/23/13). There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy provided to date; and remaining functional deficits that would be considered exceptional factors to justify going outside of guideline parameters.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY TWICE A WEEK FOR THREE WEEKS FOR DEGENERATION OF THORACIC OR LUMBAR INTERVERTEBRAL DISC: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION PHYSICAL MEDICINE Page(s): 98. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK CHAPTER, PHYSICAL THERAPY.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The ODG guidelines recommend a limited course of physical therapy for patients with a diagnosis of lumbar sprain/strain not to exceed 10 visits over 8 weeks. The ODG also note that patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of a diagnosis of degeneration of thoracic or lumbar intervertebral disc. In addition, there is documentation of 6 physical therapy sessions authorized on 8/23/13. However, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy provided to date. In addition, the proposed number of sessions, in addition to the sessions previously authorized, exceeds guidelines. Furthermore, given documentation of subjective (low back pain rated as a 1 out of 10) and objective (tenderness to palpation over the lumbar spine and bilateral sciatic notch areas, and full lumbar range of motion) findings, there is no documentation of remaining functional deficits that would be considered exceptional factors to justify going outside of guideline parameters. Therefore, based on guidelines and a review of the evidence, the request for additional physical therapy twice a week for three weeks for degeneration of thoracic or lumbar intervertebral disc is not medically necessary.