

Case Number:	CM13-0072589		
Date Assigned:	01/08/2014	Date of Injury:	09/11/2011
Decision Date:	03/24/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/31/2013

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 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 45 year-old male sustained an injury on 9/11/11 while employed by [REDACTED], [REDACTED]. Request under consideration include 6 Sessions of Physical Therapy for the Low Back. Treatment has included medications, physical therapy, MRI, EMG/NCV (12/26/12 reported as normal), bilateral lumbar transforaminal epidural steroid injections (TFESI) on 9/4/12 and facet nerve blocks (9/17/13) with only 40% pain relief for short duration of 2-3 months from the TFESI but no benefit from the facets. Diagnoses included acquired spondylolisthesis and degenerative lumbar spine. Report of 11/22/13 from provider noted patient had another lumbar epidural steroid injection on 10/29/13 without benefits with pain level from 2-4/10. The patient has been evaluated by surgical consultant on 9/17/13 that did not recommended surgery. Treatment of PT to transition the patient for trial of full duty was requested. Additional PT for 6 visits was modified for 2 sessions on 12/5/13 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:

The request for 6 Sessions of Physical Therapy for the Low Back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 228, Chronic Pain Treatment Guidelines Section on Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Physical Medicine Page(s): 98-99.

Decision rationale: The Chronic Pain Guidelines allow for physical therapy with fading of treatment to an independent self-directed home exercise program. 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. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints and clinical findings. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The employee has received the recommended number of physical therapy sessions as indicated by the Guidelines to have transitioned to an independent Home Exercise Program for this 2011 injury. Additionally, the patient is tolerating full duty and has reached permanent and stationary (P&S) status without any new injuries or acute changes. The 6 Sessions of Physical Therapy for the Low Back is not medically necessary and appropriate.