

Case Number:	CM14-0003462		
Date Assigned:	01/31/2014	Date of Injury:	06/20/2008
Decision Date:	06/20/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/09/2014

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 Occupational Medicine, 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 59-year-old male with a 6/20/08 date of injury. At the time (1/6/14) of request for authorization for continued physical therapy 2 times a week for 6 weeks for the lumbar spine, there is documentation of subjective (mild radicular pain down to the right lower extremity, difficulty sleeping, and pain rated 6/10) and objective (palpation and tenderness abnormal L5-S1, paraspinal tenderness, positive straight leg raise, and abnormal toe and heel walking, decreased lower extremity strength) findings, current diagnoses (herniated lumbar disc, lumbar degenerative disc disease, and lumbar radiculopathy), and treatment to date (aquatic therapy, medications, LESIs, and physical therapy). The number of physical therapy visits completed to date cannot be determined. 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 visits completed to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED PHYSICAL THERAPY 2 TIMES A WEEK FOR 6 WEEKS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CA MTUS GUIDELINES, PHYSICAL MEDICINE,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , PHYSICAL MEDICINE, 98

Decision rationale: The 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 recommends a limited course of physical therapy for patients with a diagnosis of intervertebral disc disorders without myelopathy not to exceed 10 visits over 8 weeks. The ODG also notes 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 herniated lumbar disc, lumbar degenerative disc disease, and lumbar radiculopathy. In addition, there is documentation of previous physical therapy. However, the number of physical therapy visits completed to date cannot be determined. In addition, 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 visits completed to date. Furthermore, there is no documentation of a statement of exceptional factors to justify going outside of guideline parameters. Therefore, based on guidelines and a review of the evidence, the request for continued physical therapy 2 times a week for 6 weeks for the lumbar spine is not medically necessary.