

Case Number:	CM14-0004614		
Date Assigned:	02/12/2014	Date of Injury:	02/22/2010
Decision Date:	08/04/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/13/2014

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 Internal 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 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 57-year-old female patient with a 2/22/10 date of injury. The 6/17/13 progress report indicates that patient has unchanged complains, and also noted that physical therapy helped (non-specifically). She was diagnosed with status post lumbar fusion at L3-4. The treatment plan included pain medication, as noted, and physical therapy to continue 12 sessions. The patient underwent L3-4 spinal decompression and posterior fusion on 6/29/12. She had a course of physical therapy, which wasn't helpful. Recent 9/11/2013 progress report indicated that the patient complained of recurrent pain in the lower back that radiated to the right hip; she couldn't walk without assistance. Objective findings demonstrated tenderness of the lumbar spine; limited range of motion of the lumbar spine. Level of pain in the back was 10/10. Treatment included strong pain medication, aqua therapy and recommendation for epidural injection x2. There is documentation of a previous 12/27/13 adverse determination, based on the fact that there was no clinical documentation to support the necessity of additional therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY X 12 FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6, page(114).

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. The patient presented with pain in the lower back that radiated to the right leg. She received medical therapy, and physical therapy for 12 sessions, which was not helpful. However, the medical reports do not clearly establish objective and measured functional gains, improvement with activities of daily living, or discussions regarding return to work as a result of previous physical therapy. In addition, the proposed number of visits in addition to the number of visits already completed would exceed guideline recommendations. There is no clear description of education with respect to independent exercises, compliance, or failure of an independent program to address the residual deficits. Therefore, the request for additional physical therapy x 12 for the lumbar spine is not medically necessary.