

Case Number:	CM14-0004965		
Date Assigned:	01/24/2014	Date of Injury:	02/16/1998
Decision Date:	08/21/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/14/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

The patient is a 57-year-old male who has submitted a claim for low back pain associated with an industrial injury date of February 16, 1998. Medical records from September 2013 to January 2014 were reviewed and showed that patient complained of low back pain that radiated to bilateral lower extremities. Physical examination showed limited range of motion of lumbar spine, positive Kemp's test on the left side, positive straight leg raise test on the left with radiating pain down the lateral aspect of the thigh. Treatment to date has included Hydrocodone, Gabapentin, use of TENS unit, oral anti-inflammatory medications and physical therapy. Utilization review dated January 10, 2014 partially certified the request for 6 sessions of physical therapy. Should additional treatment be requested, documentation should reflect measurable and objective improvement with therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2-3 times per week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 6, Pain Suffering and Restoration of Function, page 114.

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

Decision rationale: As stated on page 98 to 99 of CA MTUS Chronic Pain Medical Treatment Guidelines, physical therapy is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In this case, patient has had previous physical therapy, although medical records submitted for review failed to specify the number of sessions approved and attended. Furthermore, there is no objective evidence of functional improvement from previous physical therapy. Therefore, the request for Physical therapy 2-3 times per week for 6 weeks is not medically necessary.