

Case Number:	CM14-0006404		
Date Assigned:	02/05/2014	Date of Injury:	01/08/2010
Decision Date:	07/17/2014	UR Denial Date:	12/16/2013
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 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 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 51 year old male with a 1/8/10 date of injury to the neck, shoulder, and low back due to repetitive heavy lifting. The patient's diagnosis was lumbar sprain. On an office visit dated 11/15/12 the patient was noted to have completed 8 physical therapy sessions for his low back and claimed he was walking several miles per day. The patient was noted to have "recently completed 8 visits of physical therapy" for his low back in a progress note dated 4/24/13, which was noted to be beneficial. More physical therapy was recommended at an office visit dated 5/8/13 where the patient was noted to have an MRI of the L spine on 2/19/13 which apparently revealed a small disc bulge and discogenic disease at L3-4. He also apparently had an EMG, which showed a stable L5 radiculopathy. Exam findings on that visit revealed tenderness and limited range of motion of the L spine, normal gait and normal lower extremity strength except for some hesitancy to left toe dorsiflexion. He was again seen on 11/20/13 complaining of worsening pain in the lower back in the week prior. Exam findings revealed mild tenderness of the L spine with 40% decrease range in motion with regard to lateral bending and extension. Strength and sensation were normal. More physical therapy to the low back was recommended. A UR decision dated 12/12/13 denied the request given there was no documentation of prior physical therapy sessions or physical therapy noted available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO TIMES PER WEEK FOR THREE WEEKS FOR LUMBAR: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines 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. This patient has had physical therapy to his lumbar spine noted in 2012 and 2013. The physical therapy was noted to be "beneficial", however these PT notes were not available for review. It is thus unclear how many physical therapy sessions the patient has had to date for his diagnosis of lumbar degenerative disc disease. His MRI dated 2/19/13 revealed discogenic disc disease and a small disc bulge at L3/4. The MTUS Chronic Pain Guidelines' criteria for additional therapy have not been met given as it is unclear how many session the patient has had for his L3/4 discogenic disease. There are no PT notes available for review to assess for any significant gains with regard to function and pain reduction, and there are no clearly defined functional goals with regard to the ordered physical therapy. As such, the request is not medically necessary and appropriate.