

Case Number:	CM14-0006988		
Date Assigned:	02/21/2014	Date of Injury:	06/02/2013
Decision Date:	07/11/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/18/2014

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:

The patient is a 52-year-old male who has submitted a claim for lumbar sacral strain, degenerative disc disease associated with an industrial injury date of June 2, 2013. Medical records from 2013-2014 were reviewed. Most of the medical records submitted were handwritten and illegible. The patient complained of chronic low back pain. The pain occurs with sitting. Physical examination showed limited range of motion of the lumbar spine. Motor strength and sensation was intact. MRI of the lumbar spine dated September 5, 2013 revealed mild acquired on congenital spinal stenosis from L3-L4 to L5-S1; severe right and moderate left neuroforaminal stenosis at L4-L5 secondary to 3mm disc bulge with ligamentum flavum hypertrophy and facet hypertrophy; similar findings at L5-S1 result in severe left neural foraminal stenosis and moderate right neural foraminal stenosis; and 5mm disc bulge at L3-L4 which with concomitant facet hypertrophy and ligamentum flavum hypertrophy contributes towards mild left and moderate right neuroforaminal stenosis. Treatment to date has included medications, physical therapy, chiropractic therapy, home exercise program, and activity modification. Utilization review, dated December 18, 2013, denied the request for physical therapy x 6 because no documentation of medical necessity or clinical efficacy has been submitted to justify the request and there was failure to demonstrate efficacy of the proposed program as opposed to a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY X 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines - Revised Chapter on Low Back Pain (August 2008) and Official Disability Guidelines (ODG), Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Section, Physical Therapy.

Decision rationale: As stated on pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, 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. In addition, Official Disability Guidelines (ODG), Low Back Section, recommend 10 physical therapy visits over 8 weeks for lumbar sprains and strains and fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home physical therapy. In this case, the patient had 12 physical therapy sessions since his industrial injury date of June 2, 2013. Although some progress reports were documented from these sessions, they were handwritten and most of them were illegible. It is uncertain whether the patient achieved benefit from the treatment. There was no clear objective evidence of functional improvement derived from these sessions. In addition, the patient already exceeded the recommended number of physical therapy sessions. Furthermore, it is unclear as to why additional physical therapy for 6 sessions is needed. There was no evidence of acute exacerbation nor flare-up of symptoms. Patient is also expected to be well-versed in a self-directed home exercise program by now. Moreover, the present request failed to specify the body part to be treated. Therefore, the request for Physical Therapy x 6 is not medically necessary and appropriate.