

Case Number:	CM14-0008424		
Date Assigned:	02/14/2014	Date of Injury:	07/24/2008
Decision Date:	09/15/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/22/2014

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 60-year-old male with a 7/24/08 date of injury, when he was injured while lifting the hood of the tractor. The patient was seen on 4/30/12 with complaints of frequent lower back pain radiating into the legs and thighs. The pain was exacerbated by physical activities. The patient denied bladder or bowel dysfunction and rated his pain at 7/10. The exam finding revealed normal gait and the patient was not able to heel and toe walk due to pain. There was tenderness in the lumbosacral area and the range of motion in the lumbar spine was decreased. The progress note dated 4/30/12 stated that the patient had a course of physical therapy in December 2011 with no benefit. The patient was seen on 12/09/13 with complaints of continued worsening back pain Exam findings revealed tenderness in the midline and paraspinal lumbar spine. There was decreased range of motion in the lumbosacral pain and straight leg raise test caused back pain. The diagnosis is chronic discogenic back pain. Treatment to date includes epidural injections, physical therapy, topical creams and medications. An adverse determination was received on 1/13/14. The request for Physiotherapy two times a week for six weeks was modified to partial certification for 2 physiotherapy sessions for review home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy two times a week for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine 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 (page 114).

Decision rationale: The California 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. The UR decision dated 1/13/14 certified 2 physiotherapy sessions for review home exercise program. The progress note dated 4/30/12 stated that the patient had a course of physical therapy in December 2011 with no benefit. There is a lack of documentation indicating objective functional gains from the treatment, how many sessions were completed and what body parts were treated. In addition, there is no rationale with regards to additional physical therapy and the area of the treatment was not specified. Therefore the request for Physiotherapy two times a week for six weeks is not medically necessary.