

Case Number:	CM14-0009132		
Date Assigned:	01/29/2014	Date of Injury:	06/14/2013
Decision Date:	07/14/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	01/07/2014

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 28-year-old claimant with a 6/9/13 date of injury. The exact mechanism of injury was not described. On 11/13/13, the claimant is noted to have lumbar spine pain, which was rated as a 6/10. It occasionally radiates down the lateral aspect of both thighs to just above his knees and has associated numbness and tingling. The objective exam indicated non-antalgic gait, and decreased lumbar range of motion (ROM). After the initial eight (8) sessions of physical therapy, the claimant was improving, but still had pain and range-of-motion issues. The diagnostic impression included: Lumbar sprain, Lumbar Radiculopathy. The treatment to date included: medication management, activity modification, and physical therapy times eight (8) sessions. A utilization review (UR) decision dated 12/5/13 modified the request to four (4) additional sessions of physical therapy to transition the patient to home exercise. With the four (4) additional sessions, this would be a minor outlier to guideline recommendations of ten (10) visits, but the patient had fairly significant amount of pain and range of motion issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR SIX (6) WEEKS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

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 Chapter, Physical Therapy Guidelines; and the American College of Occupational and Environmental Medicine (ACOEM), General Approaches, Pain, Suffering, and the Restoration of Function, Chapter 6, page 114.

Decision rationale: The ACOEM Guidelines stress 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 Chronic Pain Guidelines allow for fading of treatment frequency. The Official Disability Guidelines support up to ten (10) sessions of physical therapy for lumbar strains and ten to twelve (10-12) sessions for Lumbar Radiculitis. However, this patient has already had eight (8) sessions of physical therapy. The request was originally modified to allow for an additional four (4) sessions of physical therapy, to allow for twelve (12) sessions. The patient was noted to be improving after the initial physical therapy sessions, but there is no clear rationale provided as to why this patient needs twelve (12) additional sessions of physical therapy. An additional twelve (12) sessions would equal a total of twenty (20) sessions, which would far exceed guideline recommendations. It is unclear why the patient is not already compliant with an independent home exercise program. Therefore, the request for physical therapy two (2) times a week for six (6) weeks for the lumbar spine is not medically necessary.