

Case Number:	CM14-0106398		
Date Assigned:	07/30/2014	Date of Injury:	07/30/2012
Decision Date:	10/10/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/09/2014

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. 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 49-year-old female with a 7/30/12 date of injury. The mechanism of injury was not provided in the submitted medical reports. According to a progress report dated 6/6/14, the patient complained of continued low back and primarily right lower extremity and ankle pain. Objective findings: tender through the lumbar spine to any palpation with trigger points noted in the right-sided lumbar paraspinous muscles. Diagnostic impression: degeneration of lumbar intervertebral disc, degeneration of lumbosacral intervertebral disc. Treatment to date: medication management, activity modification. A UR decision dated 6/12/14 denied the request for physical therapy 2xWk x3Wks for low back. While physical therapy may be considered, clarification is needed to know if the patient had attended prior physical therapy to address the low back considering an injury of about two years. The number of sessions completed to date as well as the patient's objective functional response from therapy, if any, was not specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week times 3 weeks for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines General Approaches 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 6, page 114 Official Disability Guidelines (ODG) Low Back Chapter

Decision rationale: CA 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. Physical Medicine Guidelines - Allow for fading of treatment frequency. However, this patient has a 2012 date of injury, and likely has had physical therapy previously. There is no clear description of prior functional gains or improvements in activities of daily living from the prior physical therapy sessions. In addition, it is unclear how many physical therapy sessions the patient has previously had. Guidelines only support 10 sessions of physical therapy for lumbar sprains. Further information would be necessary to substantiate this request for physical therapy. Therefore, the request for Physical Therapy 2 times a week times 3 weeks for the low back was not medically necessary.