

Case Number:	CM14-0010436		
Date Assigned:	02/21/2014	Date of Injury:	02/20/2003
Decision Date:	07/11/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/27/2014

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 Physical Medicine and Rehabilitation 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 61-year-old male patient with a 02/20/03 date of injury. He sustained an injury to his neck and lower back due to cumulative trauma. A 06/10/13 progress report indicated that the patient had chronic low back, neck and upper extremity pain. The patient stated that he had temporary pain relief following chiropractic sessions. He also noted that medication helped reduce pain. He was able to do household activities with less pain. The objective findings demonstrated tenderness in the lumbosacral junction, and decreased range of motion in the lumbar spine. As of 12/23/13 progress report, it is noted that the patient had already completed three (3) of the six (6) approved physical therapy sessions. Improvements in range of motion (ROM) and strength were noted over the initial three (3) sessions. The patient he was diagnosed with leg joint pain, chronic pain syndrome, sciatica, sacrum disorder and neck pain. The treatment to date includes: Physical therapy, medication management, and chiropractic care. There is documentation of a previous 12/31/13 adverse determination. A request for authorization (RFA) dated 12/24/13, requested an additional six (6) sessions of physical therapy, which was modified to four (4) additional sessions of physical therapy. The explanation of rational was not clear.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOUR (4) ADDITIONAL SESSIONS OF PHYSICAL THERAPY FOR THE LOW BACK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, ODG, Work Loss Data Institute, Treatment in Workers' Compensation, 2012, Lumbar physical therapy.

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 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. The request for authorization (RFA) dated 12/23/13, requested six (6) additional sessions of physical therapy, which was modified to an additional four (4) sessions for a total of ten (10) sessions of physical therapy. There were no physical therapy reports to demonstrate total completed number of physical therapy sessions, or to demonstrate any significant benefit or the ten (10) physical therapy sessions already authorized. It is unclear why this patient needs an additional four (4) physical therapy sessions to the total number of ten (10) physical therapy sessions authorized. This would exceed the guidelines recommendation in regards to number of physical therapy sessions for this patient's diagnosis. The Official Disability Guidelines support up to ten (10) sessions of physical therapy for lumbar radiculopathy. In addition, with a 2003 date of injury, he should already be compliant with an independent home exercise program. Therefore, the request for four (4) additional sessions of physical therapy as submitted, for the low back is not medically necessary.