

Case Number:	CM14-0010526		
Date Assigned:	02/21/2014	Date of Injury:	12/01/2006
Decision Date:	07/28/2014	UR Denial Date:	01/08/2014
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 60-year-old patient with a December 1, 2006 date of injury. The mechanism of injury was not provided. A December 3, 2013 progress report indicated that the patient continued to complain of lower back pain that radiated to the lower extremities. Physical exam demonstrated that the pain localized to the left of L5-S1 with tenderness at that site. Range of motion was decreased with flexion 70 degrees, extension 20 degrees and lateral bending 30 degrees. There was bilateral decreased sensation at L5 dermatome. The available physical therapy records were partially illegible. In the recent available PT note, dated on July 22, 2013, the patient reported that he was still in pain and "hoped to sit without hurting too much". He was diagnosed with lumbosacral spondylosis, and myofascial thoracic pain. Treatment to date: medication management and physical therapy (completed). There is documentation of a previous January 8, 2014 adverse determination, based on the fact that there was no objective progress or functional restoration following completion of 26 prior physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY 2 TIMES A WEEK FOR 6 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98 - 99. Decision based on Non-MTUS Citation The Pain, Suffering, And The Restoration of Function Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 6), page 114, and the Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy Guidelines.

Decision rationale: The Chronic Pain Medical Treatment 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. However, the medical reports do not clearly establish objective functional gains, improvement with activities of daily living. In addition, this patient has already completed 26 sessions of physical therapy, which far exceeds any guideline recommendations. The ODG Low Back Chapter supports up to 10 sessions of physical therapy for lumbosacral degenerative disc disease. It is not clear why the patient has not been able to transition successfully to a home exercise program. Therefore, the request for additional physical therapy, twice weekly for six weeks, is not medically necessary or appropriate.