

Case Number:	CM14-0012787		
Date Assigned:	03/03/2014	Date of Injury:	06/03/2010
Decision Date:	06/30/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/31/2014

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 & 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:

According to the records made available for review, this is a 52-year-old male with a 6/3/10 date of injury. At the time (12/17/13) of request for authorization for physical therapy for Lumbar and Thoracic pain, qty:6, location: [REDACTED], there is documentation of subjective (low back pain and persistent mid back pain) and objective (antalgic gait, reduced lumbar range of motion, lower extremity stretch reflexes are hyporeflexic, weakness in the right leg, and sensation decreased in the L4-5 dermatomes) findings, current diagnoses (lumbar radiculopathy, lumbar facet arthropathy, and myofascial pain), and treatment to date (chiropractic treatment, activity modification, and medications). It cannot be determined if this is a request for initial or additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR LUMBAR AND THORACIC PAIN, QTY:6, LOCATION:
[REDACTED] **PHYSICAL THERAPY:** Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: , PHYSICAL MEDICINE GUIDELINES,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE, 98

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Official Disability Guidelines (ODG) recommends a limited course of physical therapy for patients with a diagnosis of lumbar radiculopathy not to exceed 10-12 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, lumbar facet arthropathy, and myofascial pain. However, given documentation of a 6/3/10 date of injury, it is not clear if this is a request for initial (where previous physical therapy has not been recent) or additional (where previous physical therapy is recent and may have already exceeded guidelines regarding a time-limited plan and there is the necessity of documenting functional improvement) physical therapy. Therefore, based on guidelines and a review of the evidence, the request for physical therapy for Lumbar and Thoracic pain, qty:6, location: [REDACTED] Physical Therapy is not medically necessary.