

Case Number:	CM14-0012972		
Date Assigned:	02/24/2014	Date of Injury:	08/31/2011
Decision Date:	07/24/2014	UR Denial Date:	01/28/2014
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:

The patient is a 43-year-old male who has submitted a claim for lumbar degenerative disc disease, lumbar spinal stenosis, and lumbar radiculopathy, associated with an industrial injury date of August 31, 2011. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of low back pain with occasional right sciatica. Physical examination showed lumbar spine range of motions as follows: flexion to 40 degrees, extension to 15 degrees, right and left lateral bending to 15 degrees. Range of motion was painful with forward flexion and extension. There was positive right sitting straight leg raise test. There was noted sensory deficit of the right lower extremity L5/S1 region. Treatment to date has included physical therapy, chiropractic therapy, epidural steroid injections, and medications, which include Naprosyn, Tramadol, Vicodin, Ibuprofen, and Lidoderm patch. Utilization review from January 28, 2014 denied the request for physical therapy, quantity 12 because a home exercise program was not included and prior physical therapy (PT) details were not addressed. Prior PT treatments and efficacies were not addressed.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY QTY: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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, Physical Therapy.

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In addition, guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. Official Disability Guidelines recommend 10 visits over 8 weeks for intervertebral disc disorder. In this case, the request made was for a course of physical therapy, two times per week for six weeks. The patient has had 16 physical therapy sessions dating back to 2013, but the medical records failed to show whether the patient has participated in a home exercise program after therapy courses. Guidelines state that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There is no clear indication for continued physical therapy sessions in the absence of evidence participation in a home exercise program. Furthermore, the present request would exceed the number of PT sessions recommended by guidelines. Body part to be treated is likewise not specified. Therefore, the request for physical therapy quantity 12 is not medically necessary.