

Case Number:	CM14-0014706		
Date Assigned:	02/28/2014	Date of Injury:	03/06/1991
Decision Date:	07/28/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/05/2014

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:

This is a 58-year-old female patient with a 3/6/1991 date of injury. She injured herself when lifted 60 to 80 pound rolls of the waxed paper. PT notes dated 12/9/13 indicated that the patient had an increased sitting time of more than 30 minutes and increased walking tolerance to half a mile. A 12/17/13 progress report indicated that her pain level was 8/10. A 1/16/14 progress report indicated that the patient complained of sharp, dull and subbing pain radiated to the bilateral legs with burning sensation and feet numbness. Her pain increased with sitting, standing and laying down. She did not take pain medication at that time, because they were not effective. The patient stated to complete 6 session of physical therapy which was helpful as well as Butans patches. She rated her pain level 5/10 on VAS scale. MRI of lumbar spine dated on 6/25/13 revealed L4-S1 discectomy, laminectomy, posterior stabilization rods and vertebral body screws with L4-S1 intervertebral spacer 4mm retropulsion slight flattening the ventral thecal sac. Diagnostic Impression: status post L4-5 and L5-S1 discectomy, laminectomy and fusion and cage in 05/1999, failed back surgery syndrome with chronic back pain and radicular pain, and lumbar spine degenerative disc disease. Treatment to date: Physical therapy, medication management There is documentation of a previous 1/23/14 adverse determination, with modification from 8 PT to 4 PT based on the fact that the patient should focus more on participating in an independent home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x4 for the low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): (98-99). Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, Pain, Suffering, and the Restoration of Function Chapter and the Official Disability Guidelines (ODG) Pain 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. ODG cited that for thoracic/lumbosacral neuritis/radiculitis 10-12 visits over 8 weeks of physical therapy is supported. However, this patient has a 1991 date of injury. It is unclear what an additional 8 sessions of physical therapy would add to her chronic pain management. It is unclear why she is not compliant with an independent home exercise program at this juncture. Therefore, the request for physical therapy 2x4 for the low back was not medically necessary.