

Case Number:	CM14-0015388		
Date Assigned:	03/12/2014	Date of Injury:	04/30/2013
Decision Date:	06/30/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	02/06/2014

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 31-year-old female with a 4/30/13 date of injury. At the time (11/14/13) of request for authorization for outpatient additional physical therapy (2) times a week six (6) weeks to the lumbar spine, there is documentation of subjective (low back pain radiating to the posterior right leg and down to the knee with associated numbness) and objective (decreased lumbar range of motion and tenderness to palpation over the lumbosacral midline) findings, current diagnoses (lumbar strain and lumbar degenerative disc disease), and treatment to date (at least 8 physical therapy sessions with significant improvement in low back pain). There is no documentation 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 as result of physical therapy provided to date; and remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT ADDITIONAL PHYSICAL THERAPY (2)TIMES A WEEK SIX(6)WEEKS TO THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 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 strain not to exceed 10 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 strain and lumbar degenerative disc disease. In addition, there is documentation of at least 8 physical therapy sessions complete to date. However, despite documentation of significant pain relief with previous physical therapy, there is no (clear) documentation 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 as result of physical therapy provided to date. In addition, the proposed number of sessions, in addition to the sessions already completed, would exceed guidelines. Furthermore, despite documentation of subjective (low back pain radiating to the posterior right leg and down to the knee with associated numbness) and objective (decreased lumbar range of motion and tenderness to palpation over the lumbosacral midline) findings, there is no documentation of remaining functional deficits that would considered exceptional factors to justify exceeding guidelines. Therefore, based on guidelines and a review of the evidence, the request for outpatient additional physical therapy (2) times a week six (6) weeks to the lumbar spine is not medically necessary.