

Case Number:	CM14-0018654		
Date Assigned:	04/18/2014	Date of Injury:	04/14/2012
Decision Date:	07/02/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/13/2014

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:

According to the records made available for review, this is a 35-year-old male with a April 14, 2012 date of injury and status post bilateral L4-5 hemilaminectomy, facetectomy, and decompression on March 12, 2013. At the time (2/4/14) of the Decision for physical therapy, 2 times a week for 6 weeks for the lower back, there is documentation of subjective (low back pain radiating to the posterior aspect of the bilateral lower extremities) and objective (tenderness to palpation of the lumbar spine with muscle spasms of the spinous process, decreased lumbar range of motion due to pain, and decreased sensation of the right lower extremity) findings, current diagnoses (lumbago and radiculitis), and treatment to date (at least 24 physical therapy sessions and lumbar decompression). 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 a 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:

PHYSICAL THERAPY, 2 TIMES A WEEK FOR 6 WEEKS FOR THE LOWER BACK:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
PHYSICAL MEDICINE Page(s): 98.

Decision rationale: The 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. ODG recommends a limited course of physical therapy for patients with a diagnosis of lumbago and radiculitis 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 lumbago and radiculitis. In addition, there is documentation of previous physical therapy sessions. However, given documentation of at least 24 physical therapy sessions completed to date, which exceeds guidelines, 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 a result of physical therapy provided to date. In addition, despite documentation of subjective (low back pain radiating to the posterior aspect of the bilateral lower extremities) and objective (tenderness to palpation of the lumbar spine with muscle spasms of the spinous process, decreased lumbar range of motion due to pain, and decreased sensation of the right lower extremity) findings, there is no documentation of remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines. The request for physical therapy for the lower back, two times weekly for six weeks, is not medically necessary or appropriate.