

Case Number:	CM14-0113750		
Date Assigned:	09/22/2014	Date of Injury:	12/31/2013
Decision Date:	10/21/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/21/2014

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 42-year old patient with a 12/31/13 date of injury. It is mentioned in the medical record that the patient has completed 16 physical therapy sessions, which ended on 05/19/14. Although movement is reported as being better, PT did not appear to help the lower back pain. The results of an MRI of the lumbar spine, dated 6/16/14, are as follows: 1) Degenerative disc disease; 2) L2/3 posterior disc protrusion with mild spinal stenosis and possible impingement of the L3 nerve root at the left lateral recess; 3) L3/4 posterior disc bulge and mild spinal stenosis; 4) L4/5 posterior disc protrusion with mild to moderate stenosis, fissure of annular fibrosis, and impingement of the L5 nerve roots. Physical therapy progress notes are present, which describe a qualitative improvement in movement; however, these improvements were not quantitatively defined. No significant relief of back pain was attributable to physical therapy. The most recent physician follow-up visit, dated 7/8/14, describes no change in the patient's symptoms. He was taking medications, and wearing a back brace. Treatment to date: medications, bracing, physical therapy, home exercise program. An adverse determination was received on 7/15/14; because CA MTUS guidelines allow for up to 10 physical therapy visits for exacerbation of chronic low back pain, and this patient has already had 16 visits. The guidelines do, however, allow for further physical therapy if there is objective evidence of functional improvement. The records reviewed did not demonstrate evidence of significant functional improvement in response to PT.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy #3 2x4 for Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, General Approaches: ACOEM Pain, Suffering, and the Restoration of Function Cha. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM),

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. This patient is being treated for a 7-month old back injury, and has essentially failed on conservative care. There is MRI evidence of multi-level disc degeneration and protrusion, mild to moderate stenosis, and impingement of the L5 nerve roots. He has been treated with medication and back bracing, and has completed 16 sessions of physical therapy; however, there has been no appreciable change in pain levels. While it was stated in the treatment notes that his movement was qualitatively better, there was no quantification or elaboration of enough functional improvement to warrant additional sessions of physical therapy. In addition, there was a lack of clearly defined goals for additional physical therapy. The patient is also noted to be in a home exercise program. Hence, a rationale for additional physical therapy at this time is unclear. Therefore, the request for Physical Therapy #3 2x4 for Lumbar Spine was not medically necessary.