

Case Number:	CM14-0123367		
Date Assigned:	08/08/2014	Date of Injury:	07/26/2006
Decision Date:	10/02/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/04/2014

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 Occupational Medicine 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 53-year-old male who has submitted a claim for Chronic Lumbar Spinal Pain associated with an industrial injury date of 07/26/2006. Medical records from 2009 to 2014 were reviewed, which showed lumbar spine pain grade 7/10. On physical examination, there was 80% flexion, 60% extension, and 80% lateral movement of the lumbar spine. Motor exam was normal and patient was grossly neurologically intact. Lumbar MRI dated 06/10/2011 showed left posterolateral annular tissue with 2-3mm broad-based protrusion at the L5-S1 level, facet hypertrophy, and epidural lipomatosis. Treatment to date has included lumbar corset, 12 sessions of physical therapy, epidural injections, and medications, which include Norco, Tramadol, AcipHex, Skelaxin, and Celebrex. Utilization review from 07/11/2014 denied the request for 6 physical therapy visits for lumbar spine between 07/09/2014 to 08/23/2014 because there is a need for clarification regarding the number of PT sessions to be requested, as submitted documents required "two-three PT sessions" only. Nevertheless, the two-three PT sessions plus the additional 12 PT sessions had already surpassed the 12 visits allowed by guidelines for the patient's condition. The submitted report did not satisfactorily explain why more sessions were needed to revise a home exercise program, the components of which were not delineated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Visits for the Lumbar Spine #6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: As stated on page 98 to 99 of CA MTUS Chronic Pain Medical Treatment Guidelines, physical therapy is beneficial 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 this case, the patient complains of lumbar spine pain despite medications, 12 sessions of physical therapy, and epidural injections. However, medical records submitted for review failed to show objective evidence of functional improvement from physical therapy. Moreover, progress report from 07/01/2014 stated that additional sessions are needed for revision of home exercise program. However, there was no discussion concerning the need for HEP modification. Moreover, the progress report cited a request for 2 to 3 sessions; however, the present request as submitted was for 6 therapy visits. Therefore, the request for PHYSICAL THERAPY #6 is not medically necessary.