

Case Number:	CM14-0124268		
Date Assigned:	08/08/2014	Date of Injury:	11/30/2013
Decision Date:	10/01/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/06/2014

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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 57 year old female with a work injury dated 11/30/13. The diagnoses include industrial aggravation of lumbar degenerative disc disease with grade 1 spondylolisthesis at L4-5. Under consideration is a request for additional outpatient Physical Therapy to the lumbar Quantity: 8. There is a primary treating physician report dated 7/3/14 that states that the patient complains of increased pain with prolonged standing, walking, or sitting. On exam of the lumbar spine there is inability to heel or toe walk due to pain. There is tenderness over the spine and paraspinal musculature. The range of motion is decreased. There is decreased sensation along the plantar feet. The treatment plan includes physical therapy. A 2/11/14 document states that the patient is still having low back aching to her left lumbar area. The upper back has essentially resolved. She did complete nine visits of therapy and is continuing to do home therapy. Additionally the documentation indicates that the patient has had ESWT as well as a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional outpatient physical therapy to the lumbar quantity: 8: Upheld

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

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

Decision rationale: Additional outpatient physical therapy to the lumbar quantity: 8 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits of therapy for this condition with a goal of an independent home exercise program. The documentation indicates that the patient has already had nine therapy visits for her back. The patient should be well versed in a home exercise program. The prior nine visits of therapy do not reveal evidence of significant functional improvement. The request for additional outpatient physical therapy to the lumbar quantity: 8 is not medically necessary.