

Case Number:	CM14-0125413		
Date Assigned:	08/11/2014	Date of Injury:	10/15/2013
Decision Date:	10/01/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/07/2014

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 Texas. 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:

Medical Records reflect the claimant is a 41 year old male who sustained a work injury on 10-15-13. On this date, he was pulling pallets of pain and felt a sharp pulling sensation to the low back. The claimant had an MRI dated 2-3-14 that showed a 1 mm broad based disc protrusion at L3-L4, a 2 mm broad based disc protrusion and annular fissure at L4-L5 and a 1 mm broad based disc protrusion at L5-S1. The claimant has been treated with 45 physical therapy sessions, 15 chiropractic sessions, medications and activity modification. An office visit on 5-13-14 notes the claimant has low back pain with radiating pain to the right leg with numbness and tingling. The claimant was released to regular work on 4-15-14, but was unable to go to work by 4-22-14. On exam, the claimant had diffuse tenderness to palpation, decreased range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy evaluation for 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): 98-99.

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG note that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The claimant had been provided 45 physical therapy sessions. There is an absence in documentation noting that this claimant cannot perform a home exercise program. There are no extenuating circumstances to support physical therapy at this juncture. It is felt that this patient should already be exceeding well-versed in an exercise program. It is not established that a return to supervised physical therapy is medically necessary and likely to significantly improve or impact the patient's overall pain level and functional status beyond that of her actively utilizing an independent home exercise program. Therefore, physical therapy evaluation is not established as medically necessary.

Physical therapy 2x6 for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98.

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

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The claimant had been provided 45 physical therapy sessions. There is an absence in documentation noting that this claimant cannot perform a home exercise program. There are no extenuating circumstances to support physical therapy at this juncture. It is felt that this patient should already be exceeding well-versed in an exercise program. It is not established that a return to supervised physical therapy is medically necessary and likely to significantly improve or impact the patient's overall pain level and functional status beyond that of her actively utilizing an independent home exercise program. The guidelines state that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The requested course of physical therapy is excessive and inconsistent with the recommendations of the CA MTUS guidelines. The medical necessity of the request is not established.