

Case Number:	CM14-0131426		
Date Assigned:	08/20/2014	Date of Injury:	10/08/2013
Decision Date:	09/22/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/18/2014

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:

This patient sustained an injury on 10/8/13 while employed by [REDACTED]. Request(s) under consideration include Physical therapy 2x6 lumbar. Diagnoses include lumbar region sprain. Report of 7/14/14 from the provider noted patient with ongoing increased low back pain increased with prolonged standing occasionally radiating to left side rated at 8-9/10. Exam showed tenderness to right lower back with active flex/extension without range limitation specified; no new local changes; no spasm or guarding. Treatment included therapy; over-the-counter nonsteroidal anti-inflammatory with modified duty limited to 10 pounds, no repetitive bending and standing. The request(s) for Physical therapy 2x6 lumbar was non-certified on 7/23/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6 lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 474.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Guidelines -Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and

myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks Page(s): 98-99.

Decision rationale: This patient sustained an injury on 10/8/13 while employed by [REDACTED]. Request(s) under consideration include Physical therapy 2x6 lumbar. Diagnoses include lumbar region sprain. Report of 7/14/14 from the provider noted patient with ongoing increased low back pain increased with prolonged standing occasionally radiating to left side rated at 8-9/10. Exam showed tenderness to right lower back with active flex/extension without range limitation specified; no new local changes; no spasm or guarding. Treatment included therapy; over-the-counter nonsteroidal anti-inflammatory with modified duty limited to 10 pounds, no repetitive bending and standing. The request(s) for Physical therapy 2x6 lumbar was non-certified on 7/23/14. Submitted reports have no acute flare-up or specific physical limitations to support for physical therapy. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There is unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. It is unclear how many PT sessions the patient has received or what functional outcome was benefited if any. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the patient has received prior sessions of PT without clear specific functional improvement in ADLs, work status, or decrease in medication and utilization without change in neurological compromise or red-flag findings to support further treatment. The Physical therapy 2x6 lumbar is not medically necessary and appropriate.