MAXIMUS Federal Services

Case Number:	CM14-0154264		
Date Assigned:	09/23/2014	Date of Injury:	11/20/2010
Decision Date:	11/26/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/22/2014

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 Pain 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:

This is a patient with a date of injury of November 20, 2010. A utilization review determination dated September 12, 2014 recommends no certification of physical therapy for the lumbar spine. Non certification was recommended due to lack of documentation of functional improvement from previous therapy. A progress report dated July 14, 2014 identifies subjective complaints of low back pain. Objective examination findings identify restricted lumbar spine range of motion with normal strength and sensation in the lower extremities. Diagnoses include a history of spine surgery: lumbar decompression and cauda equina syndrome. The treatment plan recommends restarting physical therapy due to right sided low back pain. A progress report dated June 9, 2014 states that physical therapy has been on hold as the patient has recently lost his house. A progress report dated September 8, 2014 states that the patient only had a few sessions of physical therapy because he did not have a ride. A progress report dated April 14, 2014 states that the patient is doing therapy and doing very well.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x6 Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298,Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98 OF 127.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, it appears the patient has undergone some therapy previously. There is no documentation of objective functional improvement from those previous therapy sessions. Additionally, it is unclear how many therapy sessions the patient has undergone previously. If the patient has only undergone a few therapy sessions, then a trial of therapy may be indicated. However, the currently requested number of therapy sessions exceeds the 6 visit trial recommended by guidelines. If the patient has undergone more than a few therapy sessions, there is no documentation of objective functional improvement from the therapy previously provided. Furthermore, there is no documentation that the patient has attempted a home exercise program which has been insufficient to address his current functional deficits. In the absence of clarity regarding those issues, the currently requested additional physical therapy is not medically necessary.