

Case Number:	CM14-0160820		
Date Assigned:	10/06/2014	Date of Injury:	10/05/2009
Decision Date:	12/11/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/30/2014

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 is a 35-year-old female with a 10/5/09 date of injury. The patient was seen on 8/21/14 with complaints of lower back pain and left leg pain. The pain was described as throbbing, aching and sharp with numbness and tingling. The progress note stated that the patient did not exercise on a regular basis and that her sleep was poor. Exam findings of the lumbar spine revealed spasms and tenderness over the lumbar paraspinal muscles and bilateral facet loading signs. The lumbar spine range of motion was decreased and there was positive tenderness to palpation of the left leg. The patient has been noted to be on Percocet and Soma. The diagnosis is lumbago, left leg pain and lumbosacral spondylosis without myelopathy. Treatment to date includes work restrictions, physical therapy, trigger point injections and medications. An adverse determination was received on 9/4/14 for a lack of functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy evaluation and treatment three (3) times per week for six (6) weeks (18 sessions) for the lumbar and left leg: Upheld

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

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

Decision rationale: The California MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. However the progress notes stated that the patient had physical therapy in the past, there is a lack of documentation indicating subjective and objective functional gains from prior treatment. In addition, given that the patient's injury was over 5 years ago, there is no rationale with regards to the necessity for physical therapy at this time. Lastly, it is not clear, why the patient cannot transition into an independent home exercise program. Therefore, the request for Physical Therapy evaluation and treatment three (3) times per week for six (6) weeks (18 sessions) for the lumbar and left leg is not medically necessary.