

Case Number:	CM14-0165154		
Date Assigned:	10/10/2014	Date of Injury:	10/06/2000
Decision Date:	11/10/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/06/2014

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 & Rehabilitation, has a subspecialty in Pain Management 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 October 6, 2000. A utilization review determination dated September 29, 2014 recommends noncertification for 6 visits of physical therapy for the lumbar spine. Noncertification was recommended since the patient has had "extensive treatment" for the lumbar spine with no documentation of a response from prior therapy or indication that there is been a reinjure or flare-up. A progress note dated September 11, 2014 identifies subjective complaints of pain which is increased by movement and decreased by lying down. The chief complaint is low back pain. Physical examination findings reveal tenderness the palpation in the lumbar spine with decreased range of motion in all planes. Diagnoses include postlaminectomy syndrome of the lumbar spine, left lower extremity radiculopathy, status post spinal cord stimulator implant, and status post inpatient detox. The treatment plan recommends continuing exercise, a pain diary, and the current medication regimen. Additionally, there is a request for physical therapy one time per week for 6 weeks to help strengthen the patient's core muscle groups. A progress report dated March 20, 2014 recommends an urgent authorization for a Prial pump trial. The note states "there are absolutely no other options available to this patient."

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 1 x 6 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, TWC, Low Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation Low Back Chapter, Physical Therapy

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 is unclear how many therapy sessions the patient has previously undergone. However, it can be assumed that the patient has undergone previous therapy as she has undergone a spinal cord stimulator implant and is pursuing an Intrathecal pump. Unfortunately, there is no documentation of any objective functional improvement as a result of the previous therapy sessions. Additionally, there is no documentation of any recent reinjury or flare-up for which additional therapy may be indicated. Additionally, there is no documentation of remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In light of the above issues, the currently requested additional physical therapy is not medically necessary.