

Case Number:	CM14-0167071		
Date Assigned:	10/14/2014	Date of Injury:	02/12/2013
Decision Date:	11/17/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	10/10/2014

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 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 February 12, 2013. A utilization review determination dated September 5, 2014 recommends modified certification for additional physical therapy for the lumbar spine. 12 sessions were requested and 4 were recommended for certification. Modified certification was recommended since the patient has previously undergone 18 sessions of physical therapy for the back. A progress report dated September 29, 2014 indicates that the patient has undergone 21 visits of physical therapy. The treatment plan recommends one more visit to review the home exercise program. The note indicates that since beginning treatment, the patient's pain is worse, primary functional limitations are unchanged, slight improvement in standing posture, ongoing tenderness to palpation in the lumbar spine, some improvement in left lower extremity strength, worsening of lumbar left lateral flexion, and slight improvement in lumbar extension. A progress report dated September 30, 2014 identifies subjective complaints of low back pain with increased numbness and mild weakness. The patient has had no improvement with 3/4 physical therapy sessions completed. Objective findings reveal limited range of motion in the lumbar spine with decreased strength in the lower extremity and positive straight leg raise. Diagnoses include lumbago, lumbar degenerative disc disease, and lumbar strain. The treatment plan recommends continuing physical therapy and a home exercise program, and then consider an epidural steroid injection if no improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy times four for the lumbar spine, lower back: 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 Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, and 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. ODG recommends 10 visit of physical therapy for sprains, strains, intervertebral disc disorders, and lumbago. Within the documentation available for review, there is documentation of completion of prior physical therapy (PT) sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by ODG and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.