

Case Number:	CM14-0169531		
Date Assigned:	10/17/2014	Date of Injury:	12/10/2013
Decision Date:	12/02/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/14/2014

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 December 10, 2013. A utilization review determination dated September 18, 2014 recommends noncertification of physical therapy for the lumbar spine. Noncertification was recommended since the patient has completed 14 therapy sessions and there is no statement indicating why a home exercise program would be insufficient to address any remaining deficits. Numerous physical therapy notes were provided for review. A progress report dated May 16, 2014 identifies subjective complaints of low back pain. The note states that the patient also has radicular symptoms down both legs. The patient has started treatment and has been "making some progress." Physical examination findings reveal normal neurologic exam and a forward flexed body posture. Diagnoses included lumbar intervertebral disc displacement, posttraumatic stress disorder, and low back pain. The treatment plan states that the patient has had a positive response to physical therapy and acupuncture and recommends continuing those treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x week x 3 weeks, Lumbar Spine QTY: 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 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. ODG recommends 10 therapy visits for lumbar sprains, intervertebral disc disorders, and radiculopathy. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no 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. 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.