

Case Number:	CM14-0170020		
Date Assigned:	10/20/2014	Date of Injury:	05/19/2013
Decision Date:	11/20/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/15/2014

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 Occupational 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 48-year-old female with a 5/19/13 date of injury. The mechanism of injury occurred when she was attempting to keep an elderly patient from falling. According to a progress report dated 9/2/14, the patient was seen for a re-evaluation of her painful lower back condition with radiation of pain into the right lower extremity. She indicated that her symptoms have not resolved. According to a physical therapy noted dated 8/29/14, the patient has completed 12 physical therapy treatments to date. Therapy has helped to reduce the intensity and frequency of her pain. Objective findings: spasm about the right lower lumbar area, point tenderness upon palpation about the right lower lumbar region, limited lumbar spine range of motion, decreased sensation at the lateral aspect of the right foot. Diagnostic impression: disc protrusion, 4mm, L5-S1, with right-sided S1 radiculopathy. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 9/18/14 denied the request for physical therapy 2xWk x 6Wks Lumbar. For backache, the guidelines recommend 9 visits over 8 weeks. The patient has received 12 visits of physical therapy thus far. The patient has received improvement with therapy. The request would exceed the guideline recommendations for the visits to be received.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2xwk x 6wks lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic, Physical Therapy (PT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, General Approaches Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6, page 114 Official Disability Guidelines (ODG) Low Back Chapter - Physical Therapy

Decision rationale: CA 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. Physical Medicine Guidelines - Allow for fading of treatment frequency. However, in the present case, this patient has completed at least 12 sessions of physical therapy. Guidelines support up to 9 visits over 8 weeks for backache. The patient has already exceeded the guideline recommended number of physical therapy sessions. It is unclear how many sessions he has previously completed. There is no documentation as to why the patient has not been able to transition to an independent home exercise program at this time. Therefore, the request for Physical therapy 2xwk x 6wks lumbar is not medically necessary.