

Case Number:	CM14-0171425		
Date Assigned:	10/23/2014	Date of Injury:	07/21/2014
Decision Date:	11/21/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/16/2014

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 54-year-old male with a 7/21/14 date of injury. The patient was moving some boxes full of records when he twisted and got a sharp spasm on the left side of his low back. According to a progress report dated 9/4/14, the patient stated that physical therapy was very helpful. He continued to have low back pain. A physical therapy note dated 9/3/14 noted that the patient has completed 12 physical therapy visits which has been helping, and he wishes to continue. Objective findings: decreased range of motion and pain. Diagnostic impression: lumbar muscle strain. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 9/26/14 denied the request for continued physical therapy for 6 sessions. The patient has had 12 prior sessions of physical therapy, and there is no medical necessity for additional physical therapy over the number of sessions recommended by the California MTUS. The provider did not provide subjective/objective evidence to support the medical necessity of the continuation of physical therapy for the treatment of the patient's lumbar spine chronic pain issues over the number recommended by evidence based guidelines or as opposed to the recommended self directed home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy, six sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299-300, Chronic Pain Treatment Guidelines Physical Medicine.

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

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 12 sessions of physical therapy for his low back. Guidelines support up to 10 visits over 8 weeks for lumbar sprains and strains. The number of completed sessions has already exceeded the number of sessions supported by guidelines. A specific rationale identifying why this patient requires additional physical therapy exceeding guideline recommendations was not provided. In addition, it is unclear why the patient has not been able to transition to an independent home exercise program at this time. Therefore, the request for Continued physical therapy, six sessions was not medically necessary.