

Case Number:	CM14-0174993		
Date Assigned:	10/28/2014	Date of Injury:	04/05/2012
Decision Date:	12/10/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/22/2014

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 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 34-year-old male with a 4/5/12 date of injury. According to a progress report dated 9/25/14, the patient reported an exacerbation of his low back pain 2 weeks ago. He had pain going down the left leg and stated that the pain was severe. He would like to get some more physical therapy as it was significantly helpful in the past. He rated his pain levels as 8/10 before medication and 6/10 with medication. Objective findings: tenderness in the paraspinal muscles bilaterally, range of motion decreased in all fields. Diagnostic impression: low back pain, chronic bilateral L5-S1 radiculitis, lumbar disc pain, disc protrusion at L5-S1 on MRI, chronic pain syndrome, cervical pain, left patellar tendon tea (status post repair on 4/26/12). Treatment to date: medication management, activity modification, surgery, physical therapy. A UR decision dated 10/9/14 denied the request for physical therapy. The claimant previously received physical therapy and was instructed on home rehabilitation. Previously, the claimant had 12 visits of physical therapy certified on 5/28/14. There is no specific change in the claimant's proposed therapy program currently which would differ from a previously instructed home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy one time a week for six weeks to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS 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, the patient has had prior physical therapy treatment. According to the UR decision dated 10/9/14, 12 visits of physical therapy were certified on 5/28/14. Guidelines support up to 10 visits for sprains and strains of the low back. There is no documentation of objective functional improvement or gains in activities of daily living from the prior physical therapy sessions. In addition, there is no documentation as to why the patient has not been able to use an independent home exercise program to address his condition. Therefore, the request for Physical therapy one time a week for six weeks to the lumbar spine was not medically necessary.