

Case Number:	CM14-0179223		
Date Assigned:	11/03/2014	Date of Injury:	09/08/2012
Decision Date:	12/09/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/28/2014

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, has a subspecialty in Pain Management 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 female patient with the date of injury of September 8, 2012. A Utilization Review dated October 22, 2014 recommended modification of 18 sessions of physical therapy for treatment of lumbar spine to 6 sessions of physical therapy for treatment of lumbar spine. A Pr-2 Report dated October 2, 2014 identifies Present Complaints of severe pain and spasm shooting down her left leg. She gets cramps that are so severe in her left calf that they awaken her from sleep. Her left foot is numb. There is extreme pain in her left buttock which shoots down her posterior and lateral thigh. Objective Findings identify gait is slow and guarded. Lumbar range of motion is markedly restricted in all planes and painful. There is decreased light touch sensation in the left dorsal foot. There is tenderness in the left sciatic notch and left lumbosacral region. Diagnoses identify degenerative disc disease L3-4, L4-5 and L5-S1. Treatment Recommendations identify request a course of physical therapy, 3 times a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Sessions of physical therapy for treatment of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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, Physical Therapy

Decision rationale: Regarding the request for 18 sessions of physical therapy for treatment of lumbar spine, 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 up to 12 sessions. Within the documentation available for review, there is documentation of completion of prior 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 the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested 18 sessions of physical therapy for treatment of lumbar spine is not medically necessary.