

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0034139 | | |
| Date Assigned: | 06/27/2014 | Date of Injury: | 03/08/2011 |
| Decision Date: | 10/08/2014 | UR Denial Date: | 03/06/2014 |
| Priority: | Standard | Application Received: | 03/19/2014 |

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 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 patient with a date of injury of 3/8/11. A utilization review determination dated 3/6/14 recommended non certification for the requested 8 physical therapy visits stating patients success with physical therapy has been minimal to absent with past treatments and there are no physical findings documenting any improvement with physical therapy. A progress report dated 6/9/14 identifies subjective complaints of improving lumbar back pain after epidural injection but patient still rated pain at a 7/10. Objective examination findings include decreased range of motion, tenderness to palpation over the PSM, positive sciatic notch bilaterally and positive straight leg raises bilaterally. Diagnosis of lumbar radiculitis. Treatment was not legible. The patient had an MRi on 1/8/13 that had multi level disc disease. The patient had an epidural steroid injection on 5/14/14 and a progress note dated 5/12/14 noted 50% pain relief and functionality had increased by 50%. A physical therapy note dated 8/1/13 notes that after 13 visits the patient had no significant improvement to functional mobility, strength nor capacity and also comments on patient having also been through physical therapy in 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x week x 4 weeks, in treatment of the lumbar spine (Qty 8): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299. Decision based on Non-MTUS Citation official disability guidelines, Low Back, Physical therapy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298,Chronic Pain Treatment Guidelines Page(s): 98.

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. Within the documentation available for review, there is no indication of any objective functional improvement from the therapy already provided, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. In the absence of such documentation, the current request for additional physical therapy is not medically necessary.