

Case Number:	CM14-0034607		
Date Assigned:	06/20/2014	Date of Injury:	05/24/2011
Decision Date:	07/29/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/20/2014

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 Alabama. 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:

The patient is a 48 year old male who was injured on 05/24/2011 as he was driving the lawn mower. The mower slipped on a steep incline and he sustained a closed head injury, contusions of orbital tissues, elbow pain and hip pain. Prior treatment history has included several sessions of physical therapy of an unknown number and chiropractic treatment of unknown number. Progress report dated 02/27/2014 indicates the patient was receiving benefit from Medrol dosepak, non-steroidal anti-inflammatory drug (NSAID) and Neurontin. He reportedly was having a flare up of his low back pain and mid back on 01/10/2014 and was unable to return to work. On exam, the lumbar spine range of motion exhibits flexion 50%; extension 25%; right rotation 75% and left rotation 75%. Trendelenberg's sign is negative. Diagnoses are lumbar disc disease, lumbar radicular signs and symptoms, thoracic disc disease, left hip pain, left shoulder pain, left arm pain and contusion. The plan included 6 more visits of physiotherapy for the lumbar spine, 6 visits of physical therapy for flaring neck pain. Prior utilization review dated 03/05/2014 states the request for extra Physical Therapy Thoracic /Lumbar was not authorized as there were no objective findings of clinical improvement with the prior 6 physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extra Physical Therapy Thoracic /Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Current online edition as of 7/2014, Low Back - Lumbar & Thoracic, Physical Therapy.

Decision rationale: The above Official Disability Guidelines (ODG) guidelines state that physical therapy for thoracic/lumbosacral neuritis/radiculitis, unspecified is "10-12 visits over 8 weeks." The above American College of Occupational and Environmental Medicine (ACOEM) guidelines state that regarding back disorders and "general exercise approach: chronic episodic low back pain and radicular pain: for patients with mild symptoms or a flare-up of symptoms, the treatment focus is on education regarding home management and exercise... For individuals with moderate to severe flare-up with mild to severe disability, treatment should consist of a progressive exercise program first emphasizing flexibility and aerobic exercises and progressing to strengthening treatment frequency of 1 to 3 visits a week up to a maximum of 12 visits. Reassessment should occur after Visit 6, with continuation based on patient compliance, objective functional improvement, and symptom reduction. In this case, the patient had 6 physical therapy sessions in 7/2012 and an additional 6 sessions certified in 10/2013, and 6 more ordered in 2/2014. There is no documented history of objective functional improvement. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.