

Case Number:	CM14-0036289		
Date Assigned:	06/25/2014	Date of Injury:	04/03/2000
Decision Date:	07/31/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/25/2014

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 63 year-old patient sustained an injury on 4/3/2000 while employed by [REDACTED]. Request under consideration include Physical Therapy 2 x 4 Lumbar. Diagnoses include lumbosacral disc degeneration; chronic back pain; failed back syndrome. Report of 11/22/13 from the provider noted the patient with chronic lower back pain, slightly better. The patient is swimming twice a week and is attending physical therapy. Pain rated at 3-4/10 and was noted to be into her legs. Medications list OxyContin and Oxycodone. Exam showed walking straighter, uses cane; not much pain behavior today. Diagnoses include chronic lower back pain s/p surgery; failed back syndrome; chronic pain syndrome; and lumbosacral degenerative disc disease. Treatment included refills of opiates; request for PT for x 8 weeks to improve range of motion and strengthening exercises. A report of 2/28/14 from the provider showed the patient with ongoing chronic low back pain, slightly better, able to move around. Medications list Oxycodone and Soma. The exam showed antalgic gait; utilizing cane. The request for Physical Therapy 2 x 4 Lumbar neither was nor granted on 3/14/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 4 Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines, Physical Therapy, Physical Medicine Guidelines, pages 98-99.

Decision rationale: This 63 year-old patient sustained an injury on 4/3/2000 while employed by [REDACTED]. Request under consideration include Physical Therapy 2 x 4 Lumbar. Diagnoses include lumbosacral disc degeneration; chronic back pain; failed back syndrome. Report of 11/22/13 from the provider noted the patient with chronic lower back pain, slightly better. The patient is swimming twice a week and is attending physical therapy Pain rated at 3-4/10 and was noted to be into her legs. Medications list OxyContin and Oxycodone. Exam showed walking straighter, uses cane; not much pain behavior today. Diagnoses include chronic lower back pain status-post surgery; failed back syndrome; chronic pain syndrome; and lumbosacral degenerative disc disease. Treatment included refills of opiates; request for PT for x 8 weeks to improve range of motion and strengthening exercises. Report of 2/28/14 from the provider showed the patient with ongoing chronic low back pain, slightly better, able to move around. Medications list Oxycodone and Soma. Exam showed antalgic gait; utilizing cane. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury of 2000. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical Therapy 2 x 4 Lumbar is not medically necessary and appropriate.