

Case Number:	CM14-0045431		
Date Assigned:	07/02/2014	Date of Injury:	07/25/2009
Decision Date:	08/06/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/14/2014

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 Pain Management and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 53 year old male with a date of injury of 07/25/09. This patient complains of lower back pain, which is "decreased with physical therapy,". Based on 02/26/14 progress report provided by [REDACTED]. Exam of this patient shows "decreased pin prick/light touch of the lower extremity". According to the Lumbar Initial Evaluation by [REDACTED], on 08/15/13, this "patient slipped and fell at work which resulted in lumbar spine pain." On a pain scale of 0-10 (low to high), this patient complains of 8/10 pains without meds in the lumbar-sacral area and 7/10 with meds. The 09/13/13 Physical Therapy Re-Evaluation by Karina Dominguez, MPT, reports this patient as still having "occasionally sharp, with contact dull pain" from L1-L5; with gait as having progressed from walker to single point cane; though "very dependent with assistive device for ambulation." The diagnoses are: 1. Post-traumatic head syndrome.2. Depression.3. Diabetes mellitus with peripheral neuropathy.4. Severe obstructive sleep apnea (OSA), on continuous positive airway pressure (CPAP) since 11/10. 5. Arachnoid cyst (AC).6. Bilateral moderate carpal tunnel syndrome (CTS). The request physical therapy two times per week times six weeks of the lower back. The utilization review determination being challenged is dated 03/10/14. [REDACTED] is the requesting provider, and he provided treatment reports from 07/26/13 to 06/20/14. A Request for Authorization was submitted by the treating provider on 02/26/14, with a diagnosis of "L4-5 disc protrusion (on 6/18/10MRI); Lumbar strain(OrthoAME [REDACTED])."

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (PT) 2 times per week times 6 weeks of the lower back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 02/13/14).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98, 99.

Decision rationale: This patient presents with "lower back pain decreased with physical therapy and right shoulder pain." The treating provider is requesting physical therapy two times per week times six weeks of the lower back. In this case, no documentation has been provided to indicate the specific number of sessions received by this patient, the progress (or lack of) made by the attended sessions, as well as plans to transition from passive to active modalities, or mention of fading of treatment frequency. Although there is an 11/13/12 Stipulation with Award that states "Future medical is per [REDACTED]," who conducted the orthopedic Agreed Medical Examiner report on 06/14/10 with "estimated yearly need for courses of PT (2 Times Per week Times 6 weeks) for pain flare-up," no rationale and guidelines are suggested for this annual need for physical therapy. The request for 12 sessions exceeds the MTUS treatment guidelines which recommends 8-10 sessions of physical therapy for various myalgias and neuralgias for chronic pain. Furthermore, there is no documentation with objective improvement from physical therapy or why this patient is requiring yearly need for courses without assessments and progress reports, nor mention of efforts to taper physical therapy sessions with transition to a home exercise program. The request for physical therapy is not medically necessary.