

Case Number:	CM14-0052331		
Date Assigned:	07/07/2014	Date of Injury:	04/29/2008
Decision Date:	08/06/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	04/21/2014

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 April 29, 2008. A Utilization Review was performed on April 21, 2014 and recommended modification of Physical therapy 2x4 for Lumbar spine to two visits of physical therapy. A Progress Report dated April 4, 2014 identifies Subjective Complaints of increased lumbar spine and right lower extremity symptoms since the last office visit. Objective Findings identify lumbar spine tenderness, spasm, and decreased range of motion. Diagnoses identify displacement intervertebral disc site unspecified without myelopathy. Treatment Plan identifies a brief course of physical therapy lumbar spine 2x4 to restore baseline function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x4 for lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 98 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for Physical therapy 2x4 for 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 physical therapy. ODG recommends a trial of 6 physical therapy visits. 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 note of increased symptoms and findings. Functional deficits are noted. A short course of physical therapy may be appropriate for the patient. However, the request exceeds guidelines recommendations for an initial trial. Unfortunately, there is no provision in place to modify the request. As such, the current request for Physical therapy 2x4 for lumbar spine is not medically necessary.