

Case Number:	CM14-0052632		
Date Assigned:	07/11/2014	Date of Injury:	10/14/2013
Decision Date:	09/08/2014	UR Denial Date:	04/01/2014
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 Neuromusculoskeletal Medicine, and is licensed to practice in Arizona. 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 38-year-old male who sustained a work related injury on 10/14/13 as a result of lifting an oil pan that was full of oil or moving a 120 pound large bucket/barrel containing used oil/filters (the story depends upon which medical documentation is being read), injuring his back in the process. Since the injury, the patient reports a near constant 5-6/10 lower back pain that radiates to the right buttocks and lower extremity to the heel and foot with associated numbness and tingling. His pain is aggravated by sitting, standing, bending, lifting or carrying. On examination, he is found to have tenderness to palpation to the midline lumbar spine at L5-S1. Range of motion in all planes is limited by pain. A lumbar MRI dated 12/20/13 demonstrated two-level disc degeneration/protrusion, facet arthropathy, mild canal and neuroforaminal stenosis at L4-5, L5-S1 levels. His treatment regimen has included physical therapy with six previous sessions completed per documentation on a PR-2 dated 11/6/13. However, a PR-2 dated 4/18/2014 documented the patient participating in a physical therapy program and has completed three sessions of treatment. Additional treatment has included Relafen 500mg, Nabumetone 750mg, Orphenadrine ER 100mg, Tramadol HCL / Acetaminophen 37.5 / 325mg and Polar Frost.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Physical Therapy sessions for the Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 11-12, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Physical therapy (PT) CPMTG, and pg. 11-12, 98-99.

Decision rationale: Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Patients shall be reevaluated following continuation of therapy when necessary or no later than every forty-five days from the last evaluation to document functional improvement to continue physical medicine treatment. Frequency of visits shall be gradually reduced or discontinued as the patient gains independence in management of symptoms and with achievement of functional goals. Per the Official Disability Guidelines, eight physical therapy (PT) sessions over a 10-week period are allowed. It is obvious from the medical documentation that there has been two differing periods of physical therapy, with the most recent associated with this request. As there are limited numbers of sessions permitted, the request exceeds the allowable number of physical therapy sessions for the patient's condition. As such, the request is not medically necessary.