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| Case Number: | CM14-0053151 | | |
| Date Assigned: | 07/07/2014 | Date of Injury: | 12/28/1996 |
| Decision Date: | 10/01/2014 | UR Denial Date: | 03/31/2014 |
| 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 Occupational Medicine, 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 54-year-old male with a 12/28/96 date of injury, when he injured his back in the car accident. The previous reviewer's note stated that the patient was approved for 8 visits of PT and acupuncture on 1/21/14. The patient was seen on 4/2/14 with complains of continued lower back pain and pain in the right lower extremity. The physical examination revealed tenderness to palpation in the lumbar spine and limited range of motion. The patient was seen on 5/12/14 for the orthopedic evaluation. He complained of 8/10 sharp, achy lower back pain and sharp radiating anterior right hip and groin pain that was rated 10/10. Exam findings revealed mild tenderness to palpation in the lumbar spine, no abnormal paraspinal strength or tone. The range of motion of the lumbar spine was: flexion 70 degrees, extension 20 degrees, right and left lateral bending 20 degrees and right and left rotation 30 degrees. The progress note stated that the patient completed 8 sessions of PT and 6 sessions of chiropractic management. The diagnosis is lumbar discopathy/radiculopathy. Treatment to date: 8 sessions of PT, 6 sessions of chiropractic treatment, work restrictions, medications and acupuncture. An adverse determination was received on 3/31/14 given that the patient was previously approved for 8 sessions of PT and there was a lack of documentation indicating objective and/or functional benefit with prior treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 times 4 (qty. 8) lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter, page 114

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. The physical examination performed on 5/12/14 indicated that the patient's lower back pain was 8/10. The patient was previously approved for 8 sessions of PT and received 6 chiropractic treatments, however there is a lack of documentation indicating subjective and objective functional gains from the treatment. In addition, there is no rationale with clearly specified goals for additional sessions of PT for the patient. Therefore, the request for additional physical therapy 2 times 4 (qty. 8) for the lumbar spine was not medically necessary.