

Case Number:	CM14-0054144		
Date Assigned:	07/07/2014	Date of Injury:	01/15/2009
Decision Date:	08/06/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/23/2014

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 a date of injury of January 15, 2009. A utilization review determination dated April 2, 2014 recommends non-certification of physical therapy of the lumbar spine for two times a week for three weeks. A progress note dated March 12, 2014 identifies subjective complaints of constant lumbar spine pain that is rated at a 7/10 with radiation to the legs left greater than right, cervical spine pain rated at a 5/10, and thoracic spine pain rated at an 8/10. Physical examination of the lumbar spine identifies a well-healed scar at the midline, sway back, negative toe/heel walk, painful range of motion with forward flexion at 80 and extension at 10, tenderness to palpation of the lumbar spine, and grade +2 palpable spasms of erector spinae muscles. Diagnosis is L4 - L5 fusion on February 10, 2010. The treatment plan recommends a return visit in three months, continued request for a home exercise kit, continued use of home tens unit, refill for Prilosec 20 mg #60, refill for Anaprox 550 mg #60, refill for Vicodin 5/300 mg #60, and request for authorization for a short course of physical therapy for six sessions to control flare up of low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 3 weeks to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

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

Decision rationale: Regarding the request for lumbar spine physical therapy for 2 times a week for 3 weeks, 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. The Official Disability Guidelines (ODG) has more specific criteria for the ongoing use of physical therapy. The ODG recommends a trial of physical therapy. 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 no indication of any objective functional improvement from the therapy already provided, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits related to the flare up. In the absence of such documentation, the current request for lumbar spine physical therapy for 2 times a week for 3 weeks is not medically necessary.