

Case Number:	CM14-0055042		
Date Assigned:	07/07/2014	Date of Injury:	03/10/2011
Decision Date:	08/07/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	04/24/2014

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 male patient with a date of injury of March 10, 2011. A utilization review determination dated April 18, 2014 recommends non-certification of physical therapy for the low back at two times per week for six weeks. A progress note dated March 20, 2014 identifies subjective complaints of continued low back pain that is significant at times, and intermittent pain in the right leg. There is documentation of an MRI performed on February 11, 2014 that indicates a 5 mm disc bulge at L4 - L5, a 6 mm disc bulge at L5 - S1, moderate to severe bilateral stenosis at L5 - S1, moderate stenosis at L4 -L5, a 4 mm disc bulge at L3-L4, and a 3 mm disc bulge at L2 - L3. Physical examination identifies restrictive lumbar range of motion with forward flexion at 40, extension at 15, and lateral bending to the right and left at 20. The patient has moderate tenderness of the lumbar spine and straight leg raise test is positive on the right leg at 70. The diagnosis is status post lumbar hemi-laminectomy right side January 17, 2013. The treatment plan recommends a lower extremity electrodiagnostic study to further evaluate the positive straight leg raise on the right side, additional physical therapy at two times a week for six weeks, and the patient remains temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2 x 6 for low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: Regarding the request for additional physical therapy, 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 the ongoing use of physical therapy. 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. In the absence of such documentation, the current request for additional physical therapy is not medically necessary.