

Case Number:	CM14-0064743		
Date Assigned:	07/11/2014	Date of Injury:	11/16/2012
Decision Date:	08/08/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/08/2014

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 patient of the date of injury of November 16, 2012. A utilization review determination dated May 5, 2014 recommends modified certification for the requested 6 physical therapy sessions. The modified determination recommends 2 physical therapy sessions to include evaluation for the lumbar spine and 2 sessions as an outpatient between April 28, 2014 and June 12, 2014. Modified certification was recommended as the patient has already completed 26 sessions of physical therapy for her low back. A progress report dated April 15, 2014 identifies subjective complaints of back pain which radiates into the right posterior thigh. The patient states that she never underwent physical therapy. Objective examination findings reveal positive facet loading, and normal neurologic examination. Diagnoses include chronic lumbosacral strain and lumbar spondylosis. The treatment plan recommends 6 physical therapy sessions for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical therapy treatments to include evaluation for the lumbar spine, additional 2 times a week for 3 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://www.acoempracguides.org/lowback>.

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 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, it is unclear if the patient has undergone therapy previously. If the patient has previously undergone therapy, there is no indication of any objective functional improvement from the therapy already provided. Independent of whether the patient has undergone therapy previously, there is no documentation of specific objective functional treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any objective deficits. In the absence of such documentation, the current request for physical therapy is not medically necessary.