

Case Number:	CM14-0068527		
Date Assigned:	07/14/2014	Date of Injury:	10/09/2012
Decision Date:	09/15/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/13/2014

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:

According to records reviewed, this is a 52-year-old female with a 10/9/12 date of injury. On 5/5/14 a request for authorization for additional PT (physical therapy) 2 times a week for 3 weeks was submitted. There is documentation of subjective progressively worsening low back pain, stiffness and objective limited range of motion of lumbar spine with stiffness findings. The current diagnoses include; sprain or strain of the lumbar and sciatic neuralgia or neuritis. Treatment to date includes activity modification, medications, aquatic therapy, and physical therapy. The number of previous physical therapy treatments cannot be determined. There is also no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and or a reduction in the use of medications or medical services as a result of physical therapy completed to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional PT (Physical Therapy) 2 X 3 lumbar: 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 physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines

(ODG) Low Back, Physical Therapy (PT).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4 to 8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. Any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of lumbar sprain or strain not to exceed 10 visits over 8 weeks. ODG also notes patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction, or a negative direction, prior to continuing with the physical therapy. When treatment requests exceed guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. In the medical information available for review, there is no documentation of diagnoses of sprain or strain lumbar; sciatic neuralgia or neuritis. There is no documentation of the number of physical therapy visits completed to date and, if the number of treatments have exceeded guidelines. There is also no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and or a reduction in the use of medications or medical services as a result of physical therapy completed to date. Based on guidelines and a review of the evidence, the request for additional PT (physical therapy) 2 times a week for 3 weeks, lumbar is not medically necessary.