

Case Number:	CM14-0069938		
Date Assigned:	07/14/2014	Date of Injury:	10/13/2008
Decision Date:	09/16/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/15/2014

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 42-year-old male with a 10/13/08 date of injury. He injured his low back while pulling packages and placing them onto a dolly. They started to tip and he became bent in a forward position trying to restrain them. According to a progress report dated 2/28/14, the patient complained of continued low back pain that is worse over the last year. He has had some radiating leg pain, but it does not go below his knees. He has been working his usual and customary job. Objective findings: 2+ lumbar paraspinous muscle spasm, tender to palpation along these muscles, deep tendon reflexes are equal and symmetric at the knees and ankles, motor strength are 5/5 in all muscle groups of the bilateral lower extremities. Diagnostic impression: degenerative disc disease at L5-S1, history of herniated disc at L3-4, L4-5, and L5-S1. Treatment to date: medication management, activity modification, physical therapyA UR decision dated 4/24/14 modified the request from 12 physical therapy visits to 10 visits. There is documentation of the patient having a new exacerbation of his back pain since 2009 with objective findings of lumbar paraspinous muscle spasm and tenderness to palpation along these muscles. A new course of physical therapy is warranted for this patient. Therefore, the request has been modified to include an additional 10 physical therapy sessions for the lumbar spine as medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x4 Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2; 9792.22 General Approaches 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 6 page 114 Official Disability Guidelines (ODG) Low Back Chapter.

Decision rationale: The California 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. Physical Medicine Guidelines Allow for fading of treatment frequency pain within the past year. This is a request for a "refresher" course of physical therapy. Guidelines support up to 6 sessions for an initial trial of physical therapy. A prior UR decision dated 4/24/14 modified this request to certify 10 sessions of physical therapy. A specific rationale was not provided as to why the patient would require additional sessions at this time that would exceed the maximum number of sessions supported by guidelines. In addition, the patient has completed 36 sessions of physical therapy since his date of injury, which is almost 6 years ago. There is no documentation of functional improvement or his response to prior physical therapy. Furthermore, there is no discussion of his compliance with a home exercise program. Therefore, the request for Physical Therapy 3x4 Lumbar Spine is not medically necessary.