

Case Number:	CM14-0082682		
Date Assigned:	07/21/2014	Date of Injury:	08/15/2013
Decision Date:	09/24/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/04/2014

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 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 52 year-old patient sustained an injury on 8/15/13 employed by [REDACTED]. Request(s) under consideration include Physical Therapy 2xWk x 6Wks Lumbar Spine. Report of 5/2/14 from the provider noted the patient with ongoing lumbar spine pain radiating down leg associated with stiffness and weakness. There were reported episodes while ambulating with giving out. No objective clinical findings presented. Diagnoses included spinal stenosis/ radiculopathy/ sciatica. Treatment plan included additional PT x12 to lumbar spine. Conservative care has included previous therapy (12 sessions), medications, and activity modification/rest. X-rays of lumbar spine dated 10/11/13 showed degenerative disc disease at L1-L3. The request(s) for Physical Therapy 2xWk x 6Wks Lumbar Spine was modified for 3 visits on 5/20/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xWk x 6Wks Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back (updated 03/31/14): Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99.

Decision rationale: This 52 year-old patient sustained an injury on 8/15/13 employed by [REDACTED]. Request(s) under consideration include Physical Therapy 2xWk x 6Wks Lumbar Spine. The report of 1/10/14 states that the patient has ongoing lower back pain radiating down legs with stiffness and weakness and only noticing 30% improvement from 6 sessions of therapy with recommendation for continuation of physical therapy for another 6 weeks. No exam or objective findings documented/ performed. The patient was to remain temporary total disability (TTD) status. Report of 5/2/14 from the provider noted the patient with ongoing lumbar spine pain radiating down leg associated with stiffness and weakness. There were reported episodes while ambulating with giving out. No objective clinical findings noted. Diagnoses included spinal stenosis/ radiculopathy/ sciatica. Treatment plan included additional physical therapy x12 to lumbar spine. Conservative care has included previous therapy (12 sessions), medications, and activity modification/rest. X-rays of lumbar spine dated 10/11/13 showed degenerative disc disease at L1-L3. The request(s) for Physical Therapy 2xWk x 6Wks Lumbar Spine was modified for 3 visits on 5/20/14. Submitted reports have no acute flare-up or specific physical limitations to support for physical therapy. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There is unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. It is unclear how many total physical therapy sessions (review indicated at least 15 with 3 recent authorizations) the patient has received or what functional outcome was benefited if any. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the patient has received prior sessions of physical therapy without clear specific functional improvement in activities of daily living (ADLs), work status, or decrease in medication and utilization without change in neurological compromise or red-flag findings to support further treatment. The Physical Therapy 2xWk x 6Wks Lumbar Spine is not medically necessary and appropriate.