

Case Number:	CM14-0083029		
Date Assigned:	07/21/2014	Date of Injury:	05/17/1999
Decision Date:	08/26/2014	UR Denial Date:	05/21/2014
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 Pain 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 57-year-old male who sustained a remote industrial injury on 05/17/99 and was diagnosed with lumbago, lumbar myofascial pain, failed back syndrome, opioid dependence, chronic pain syndrome, anxiety, depression, and insomnia. Mechanism of injury is not specified in the documents provided. The request for Physical Therapy Lumbar 2x4 was modified at utilization review to certify 2 visits of physical therapy for a short course of treatment and reinstruction in a home exercise program due to the lack of evidence that the patient requires extensive physical therapy and the patient appears to be independent with his activities of daily living. The most recent progress note provided is 06/25/14. The patient complains primarily of low back and leg pain rated as a 3-4/10. The patient is on chronic opioid management with no signs of aberrant behavior and is functionally independent with self-care, homemaking chores, exercise, shopping, and working. The patient reports benefit with medications but still has problems sleeping. Review of symptoms is positive for shortness of breath, diarrhea, constipation, numbness, tingling, weakness, anxiety, depression, and sleep difficulties. Physical exam findings reveal restricted range of motion of the lumbar spine due to pain and stiffness; otherwise the findings are unremarkable. Current medications include: Norco, Tizanidine, and Meloxicam. It is noted that the patient has decreased lead levels due to his work environment. The treating physician is requesting a complete metabolic panel and medication refills. Provided documents include several previous progress reports, previous Utilization Reviews, and urine toxicology reports. The patient's previous treatments are not discussed. Imaging studies are not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, lumbar 2 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: According to CA MTUS guidelines, Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Considering the patient's early date of injury, it is reasonable to assume the patient has previously participated in physical therapy. However, provided documentation does not highlight the number of sessions the patient has completed or any functional improvement obtained as a result. Further, the treating physician does not document limitations that would necessitate more physical therapy sessions over the patient continuing therapy in a safe home exercise program. Lastly, the recent physical exam findings are unremarkable and a thorough rationale for this request is not provided. For these reasons, medical necessity is not supported for Physical Therapy, lumbar 2 x 4.