

Case Number:	CM14-0095664		
Date Assigned:	07/25/2014	Date of Injury:	12/26/2013
Decision Date:	08/28/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/24/2014

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 with a date of injury of December 26, 2013. A utilization review determination dated June 18, 2014 recommends noncertification for an additional 12 physical therapy sessions for the lower back. Noncertification was recommended since the patient has already undergone 18 physical therapy sessions with no documentation of pain reduction or functional improvement. A progress report dated January 13, 2014 identifies subjective complaints of left ankle pain which is 80% better. The patient also complains of lumbar pain with mild soreness. There is also right ankle pain and right great toe pain noted. Objective examination findings reveal full range of motion, 5/5 muscle strength in the lower extremities, negative straight leg raise, and normal sensory examination. The diagnoses include ankle strain, right toe contusion, and unspecified low back pain. The treatment plan recommends physical therapy 2X3 for the low back. A progress report dated June 13, 2014 identifies subjective complaints of low back pain and bilateral ankle pain. The low back pain is reported to radiate into the patient's right buttock to the level of the knee. The patient has undergone 10-12 treatments of physical therapy for his ankles which helped. Physical examination findings reveal good range of motion of the lumbar spine with positive straight leg raise test on the right at 45. There is also mildly decreased sensation in the right lateral calf. Diagnoses include right lumbosacral radiculitis, bilateral ankle and foot pain, and of multilevel degenerative disc disease with stenosis. The treatment plan states that the patient has only undergone physical therapy for his foot/ankle symptoms. Therefore, a request is made for 12 sessions of physical therapy directed towards the patient's lumbar spine. He has also been placed on modified duty work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2 x 6 for the Lower Back: 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) Physical Therapy Guidelines, Lumbar Sprains and Strains.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional 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. ODG recommends a maximum of 10 therapy visits for the treatment of lumbar sprains/strains and inter-vertebral disc disorders. For lumbar radiculitis, a maximum of 12 visits are recommended. Within the documentation available for review, it appears the patient has not undergone physical therapy for the lumbar spine previously. However, there is some confusion regarding the patient's objective deficits related to the lumbar spine. A progress note in January, 2013 indicates that the patient has no objective deficits related to the lumbar spine, whereas a more recent progress report identifies only mild sensory loss and positive straight leg rise, although there is no mention of radicular pain radiating into a dermatomal distribution. Therefore, it is unclear what our objective functional treatment goals are to be addressed with the currently requested physical therapy. Additionally, guidelines recommend an initial trial of therapy. The current request for 12 visits exceeds the number recommended as a trial by guidelines. In the absence of clarity regarding the above issues, the currently requested physical therapy for the lower back is not medically necessary.