

Case Number:	CM14-0190645		
Date Assigned:	11/24/2014	Date of Injury:	09/19/2013
Decision Date:	01/09/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/14/2014

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 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:

The injured worker is a 38 year-old male with an original date of injury on 11/1/2011. The patient sustained a work related injury when he was unloading washer from trailer and strained his neck, left hand, back and ribs. The industrially related diagnoses are lumbar muscle strain, lumbar radiculopathy, cervical radiculopathy, cervical disc protrusion C3-4-5-6-7-T1, and bilateral costochondritis. Lumbar spine xray shows mild decrease in disc space of L5-S1 and no other abnormalities. A MRI of the lumbar spine completed on 8/20/2014 showed disc desiccation at L3-L4 to L5-S1, degenerative joint disease of L4-S1, myospasm, L3-L4 disc herniation causing stenosis of spinal canal and bilateral neural foramen, L4-5 broad based posterior disc herniation causing stenosis of spinal canal and bilateral lateral recess. The patient treatment to date includes chiropractic sessions, oral pain medications, and completed physical therapy with successful transition to home exercise program dating on 12/31/2013. The disputed issue is the request for 8 sessions of physical therapy (twice a week for 4 weeks). A utilization review dated 10/20/2014 has non-certified this request. The stated rationale for denial was the patient recently completed a course of physical therapy and gain only minor improvement in walking ability while majority of his functional limitations remained unchanged. Since the functional improvement was not clearly shown, additional physical therapy is not indicated. Therefore, this request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Physical Therapy Sessions for the back only: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98-99.

Decision rationale: Regarding the request for 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. Within the documentation available for review, a progress note dated 1/27/2014 indicated that the patient has completed physical therapy and doing home exercise program in 12/2013 without clearly stating functional improvement from recent physical therapy sessions. Subsequently, patient was send to physical therapy again for 2 sessions per week for 4 weeks starting from 8/11/2014. His follow up visits did not document any function improvement or pain reduction with physical therapy sessions. In the absence of such documentation, the current request for ongoing Physical Therapy is not medically necessary.