

Case Number:	CM14-0193888		
Date Assigned:	12/01/2014	Date of Injury:	09/16/2013
Decision Date:	01/15/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	11/19/2014

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 & 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 September 16, 2013. A utilization review determination dated November 17, 2014 recommends denial for continued physical therapy and certification for bilateral L4/5 facet joint injections. Denial of physical therapy was recommended due to lack of documentation of objective improvement with previous physical therapy and no indication of the patient has had a recent flare-up. A progress report dated October 30, 2014 identifies subjective complaints indicating that "he has improved." His back pain has dropped from 7 to 2 and from constant to frequent. His leg pain is essentially 0. He takes Percocet up to 3 per day but not on most days. He currently uses an independent program of home exercise. Physical examination reveals pain with range of motion testing. Diagnoses include status post right sided laminectomy L4-5, bilateral facet syndrome L4-5, and post laminectomy syndrome. The treatment plan states that "range of mobility of the lumbar spine is improved with PT and myofascial release although he does have limiting pain on flexion/extension." A prescription for myofascial release and Percocet was provided and a request was made for bilateral facet injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision

based on Non-MTUS Citation ODG- Low Back Procedure Summary last updated 8/22/2014-best practice physical therapy guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Page(s): 98. 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. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, it is unclear how many therapy sessions the patient has already undergone, and there is no documentation of a recent flare-up with new objective examination findings. In light of the above issues, the currently requested additional physical therapy is not medically necessary.