

Case Number:	CM14-0200571		
Date Assigned:	12/10/2014	Date of Injury:	03/05/2002
Decision Date:	01/28/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/01/2014

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 Family Practice, and is licensed to practice in Florida. 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 59-year-old male with a date of injury as 03/05/2002. The cause of the injury was not included in the documentation received. The current diagnoses include lumbar disc herniation/stenosis/bilateral radiculopathy, left shoulder rotator cuff tendonitis/impingement, anxiety and depression, and insomnia. Previous treatments include oral medications, physical therapy, and lumbar epidural steroid injection. Primary treating physician's reports dated 07/28/2014 and 11/04/2014 were included in the documentation submitted for review. Report dated 11/04/2014 noted that the injured worker presented with complaints that included progressively worsening low back pain, pain increases with prolonged sitting, standing, walking, and repetitive bending, twisting and lifting. Medications help to decrease pain intensity down to 4 out of 10 and allows for activities of daily living. The injured worker also had complaint of sleep disturbance due to pain. Physical examination revealed decreased range of motion, and spasms and tenderness of the lumbar paraspinal muscles. Treatment plan included request for MRI of the lumbar spine, medication refills, request for lumbar spine epidural steroid injections, and physical therapy for the lower back due to aggravation. The physician noted that the injured worker last attended physical therapy in 2012, but there were no progress notes included from the previous physical therapy. A physical therapy re-evaluation form dated 11/12/2014 was included in the documentation. The physical therapist indicated that the injured worker continues to have pain in the lumbar spine, still having difficulty with normal functional activities. The request was indicated for a flare-up of lumbar spine pain. Evaluation noted that the injured worker has decreased range of motion, decreased strength in the left upper extremity. The amount of the previously prescribed physical therapy was not made known. The injured worker is permanent and stationary. The utilization review performed on 11/24/2014 non-certified a prescription for physical therapy 2 times per week for 5 weeks (10 sessions) based on the records

do not establish if the injured worker has undergone prior physical therapy, or any resulting objective functional improvement. The reviewer referenced the California MTUS ACOEM guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 5 weeks (10-Sessions): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 65, Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 132-133.

Decision rationale: In accordance with MTUS guidelines, the physical medicine recommendations state, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Guidelines also state, "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." This patient has previously had physical therapy, but now his physician is requesting an additional 10 sessions to be dispersed at 2 sessions per week for 5 weeks. The guidelines recommend fading of treatment frequency, which this request for a new Physical Therapy plan does not demonstrate. The request for Physical Therapy is not medically necessary.