

Case Number:	CM14-0206187		
Date Assigned:	12/18/2014	Date of Injury:	08/10/2011
Decision Date:	02/12/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/09/2014

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 Preventive Medicine and is licensed to practice in Indiana. 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 employee is a 68 year old female with date of injury of 8/10/2011. A review of the medical records indicate that the patient is undergoing treatment for intervertebral disc disease of the cervical and lumbar spine and left leg pain due to RSD. Subjective complaints include continued pain in her lower back; numbness and tingling in the left leg. Objective findings include limited range of motion of the cervical and lumbar spine with tenderness to palpation of the paravertebrals; left leg hyperesthesia and 2+ dorsalis pedis pulse. Treatment has included neurontin, nucynta, previous sessions of physical therapy (up to 12), 3 epidural steroid injections at L2-3 and L3-4. The utilization review dated 11/4/2014 non-certified physical therapy of the left leg and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy left leg and lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a "six-visit clinical trial" of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. The employee has undergone some number of physical therapy sessions, out of a total of 12 that were certified. There is no medical documentation as to what functional or other benefits she has received. There is no documented objective and subjective improvements. Therefore, the request for an unspecified number of additional sessions of physical therapy for the left leg and lumbar spine is not medically necessary.