

Case Number:	CM14-0206543		
Date Assigned:	12/18/2014	Date of Injury:	09/08/2013
Decision Date:	02/06/2015	UR Denial Date:	12/03/2014
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 Physical Medicine Rehabilitation 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 28 year-old patient sustained an injury on 9/8/13 while employed by [REDACTED]. Request(s) under consideration include Physical therapy for the lumbar spine-12 visits. Diagnoses include lumbosacral neuritis/radiculitis NOS; lumbosacral disc degeneration. Conservative care has included medications, therapy, and modified activities/rest. Medications list Tramadol, Tylenol with codeine, Norco, Naprosyn, and Celebrex. The patient continues to treat for chronic ongoing symptoms. Report of 11/20/14 from the provider noted persistent low back and left heel pain. Exam showed unchanged findings of lumbar spine spasm with tenderness and decreased range (unspecified) and neuro within normal limits with EMG/NCV of lower extremities on 11/13/14 was normal without evidence for lumbar radiculopathy or peripheral neuropathy. Treatment included physical therapy to lumbar spine. The request(s) for Physical therapy for the lumbar spine-12 visits was non-certified on 12/3/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar spine-12 visits: 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), Low Back Chapter, Physical therapy (PT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99.

Decision rationale: This 28 year-old patient sustained an injury on 9/8/13 while employed by [REDACTED]. Request(s) under consideration include Physical therapy for the lumbar spine-12 visits. Diagnoses include lumbosacral neuritis/radiculitis NOS; lumbosacral disc degeneration. Conservative care has included medications, therapy, and modified activities/rest. Medications list Tramadol, Tylenol with codeine, Norco, Naprosyn, and Celebrex. The patient continues to treat for chronic ongoing symptoms. Report of 11/20/14 from the provider noted persistent low back and left heel pain. Exam showed unchanged findings of lumbar spine spasm with tenderness and decreased range (unspecified) and neuro within normal limits with EMG/NCV of lower extremities on 11/13/14 was normal without evidence for lumbar radiculopathy or peripheral neuropathy. Treatment included physical therapy to lumbar spine. The request(s) for Physical therapy for the lumbar spine-12 visits was non-certified on 12/3/14. Submitted reports have no acute flare-up or specific physical limitations to support for physical therapy. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There is unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. It is unclear how many PT sessions the patient has received or what functional outcome was benefited if any. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the patient has received prior sessions of PT without clear specific functional improvement in ADLs, work status, or decrease in medication and utilization without change in neurological compromise or red-flag findings to support further treatment. The Physical therapy for the lumbar spine-12 visits is not medically necessary and appropriate.