

Case Number:	CM14-0208616		
Date Assigned:	12/22/2014	Date of Injury:	10/01/2010
Decision Date:	02/17/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/12/2014

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 Rehab, 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 48 year-old female with an original date of injury on 10/1/2010. The mechanism of injury was slipping off a ladder, falling 12 -18 inches, and hitting her back against a big rock. The industrially related diagnoses are lumbargo, degeneration of intervertebral disc, slow transit constipation, depression, and anxiety. The patient has had lumbar surgery in 2012. The patient's medication treatments are Dilaudid, cyclobenzaprine, diazepam, docusate, duloxetine, Exalgo, and Lyrica. The disputed issue is the request for additional physical therapy of 16 sessions (twice a week for 8 weeks) to the lower back. A utilization review dated 11/14/2014 has non-certified this request. The stated rationale for denial was there cannot be an "open window" of sessions. There is documentation of decrease use of narcotic medication, increased function, improvement radicular symptom, and improved pain. In addition, there is no documentation of home exercise program, which should be considered at this time. Therefore, this request for additional physical therapy was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 16 for the low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98 OF 127.

Decision rationale: A progress note on date of service 10/23/2014 indicated the patient has continued to make strides with her recovery from the industrially related injury with physical therapy. Her improvements include less pain overall, made improvement with ODI score, able to walk/stand without external support, and met one long term goal, regaining functional independence, and voluntarily taking less PRN narcotic medications. It is unclear how many sessions of physical therapy the patient has already had. The guidelines recommends physical therapy sessions of 9 visits over 8 weeks for lumbago. The request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. Despite the documentation of overall improvement, the current request for physical therapy is not medically necessary.