

Case Number:	CM14-0025810		
Date Assigned:	07/30/2014	Date of Injury:	09/19/1996
Decision Date:	03/23/2015	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/28/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 73 year old male, who sustained an industrial injury on 9/19/1996, after an accident while employed as a truck driver. The diagnoses have included degeneration of lumbar or lumbosacral intervertebral disc. Treatment to date has included conservative measures, including physical therapy, although specific dates of treatment or results were not noted. Currently, the injured worker complains of low back pain with radiation down his left leg, low back pain greater than left leg pain. He also reported numbness and tingling in his left leg. His condition was described as recurring since 9/19/1996, but worsened in 11/2013. Decreased range of motion was noted to the lumbar spine and full without limitations in the lower extremities. Gait was within normal limits. The consultation report, dated 12/16/2013, referenced recent magnetic resonance imaging of the lumbar spine as showing severe degenerative changes throughout, mild neural foramen stenosis, and a cystic abnormality at L3. Plan included lumbar epidural steroid injection, post injection physical therapy, Neurontin, transcutaneous electrical nerve stimulation unit, and lumbar traction unit. On 2/07/2014, Utilization Review modified a request for physical therapy (2x/week, x4 weeks) to the low back, to physical therapy (1x/week x3 weeks, additional visits of physical therapy for instruction and oversight of an independent program of exercise and strengthening), noting the lack of compliance with MTUS Guidelines and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for 4 weeks for low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 12/27/2013)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: 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. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. 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 employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The physical therapy is not medically necessary and appropriate.