

Case Number:	CM14-0115485		
Date Assigned:	08/04/2014	Date of Injury:	06/12/2012
Decision Date:	10/06/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/23/2014

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 and Rehabilitation, has a subspecialty in Pain Management, 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 is a patient with a date of injury of 6/12/12. A utilization review determination dated 7/16/14 recommends non-certification of physical therapy. Patient had previously undergone 22 sessions of physical therapy. Patient underwent ESI (epidural steroid injection) on 6/23/14. The 7/3/14 medical report identifies slight improvement after ESI. On exam, there is paraspinal spasm and tenderness. There is limited ROM and decreased sensation in the lateral aspect of the distal left calf and lateral right foot. Left SLR causes back pain to radiate to the posterior aspect of the left buttock and thigh at 40 degrees. Physical therapy was recommended as none has been done for at least 9 months prior.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for Lumbar #12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Physical therapy

Decision rationale: Regarding the request for physical therapy, California MTUS supports up to 10 sessions and cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." ODG also recommends up to 2 sessions after injection therapy. Within the documentation available for review, there is documentation of completion of prior physical therapy sessions some time ago, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of physical therapy recommended by the CA MTUS. In light of the above issues, the currently requested physical therapy is not medically necessary.