

Case Number:	CM14-0122553		
Date Assigned:	09/25/2014	Date of Injury:	09/01/1988
Decision Date:	10/27/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/04/2014

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 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 48 year-old patient sustained a cumulative injury on 9/1/1988-1/19/10 while employed by [REDACTED]. Request(s) under consideration include 12 Sessions of physical therapy for lumbar spine ([REDACTED]) between 7/7/14 and 10/15/14. Diagnoses include lumbago. Report of 7/7/14 from the provider noted the patient with ongoing chronic low back symptoms of constant low back pain aggravated by prolonged standing, walking multiple blocks, lifting, bending, pushing, pulling, and prolonged sitting rated at 5/10. Exam showed paravertebral lumbar tenderness and spasm; decreased range in flex/extension with positive seated nerve root test. Treatment plan included injections, PT, and medication refills. Report of 7/21/14 from the provider noted unchanged low back pain rated at 4/10 with activities. Exam was unchanged and showed intact gait with lumbar spine spasm and tenderness; guarded restricted range with normal sensation and full circulation. Diagnosis was Lumbago with plan for medication refills. The request(s) for 12 Sessions of physical therapy for lumbar spine ([REDACTED]) between 7/7/14 and 10/15/14 was non-certified on 7/18/14 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:

12 Sessions of physical therapy for lumbar spine ([REDACTED]) between 7/7/14 and 10/15/14: Upheld

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

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

Decision rationale: This 48 year-old patient sustained a cumulative injury on 9/1/1988-1/19/10 while employed by [REDACTED]. Request(s) under consideration include 12 Sessions of physical therapy for lumbar spine ([REDACTED]) between 7/7/14 and 10/15/14. Diagnoses include lumbago. Report of 7/7/14 from the provider noted the patient with ongoing chronic low back symptoms of constant low back pain aggravated by prolonged standing, walking multiple blocks, lifting, bending, pushing, pulling, and prolonged sitting rated at 5/10. Exam showed paravertebral lumbar tenderness and spasm; decreased range in flex/extension with positive seated nerve root test. Treatment plan included injections, PT, and medication refills. Report of 7/21/14 from the provider noted unchanged low back pain rated at 4/10 with activities. Exam was unchanged and showed intact gait with lumbar spine spasm and tenderness; guarded restricted range with normal sensation and full circulation. Diagnosis was Lumbago with plan for medication refills. The request(s) for 12 Sessions of physical therapy for lumbar spine ([REDACTED]) between 7/7/14 and 10/15/14 was non-certified on 7/18/14. Review indicated the patient having received at least 24 physical therapy sessions since beginning of 2014 with noted improvement; however, still with significant symptoms. 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 work 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 of at least 24 recent PT 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 12 Sessions of physical therapy for lumbar spine ([REDACTED]) between 7/7/14 and 10/15/14 is not medically necessary and appropriate.