

Case Number:	CM14-0134690		
Date Assigned:	08/27/2014	Date of Injury:	07/31/2013
Decision Date:	10/09/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/21/2014

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 Family 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:

This is a 61-year-old male who reported an industrial injury to the back on 7/31/2013, 14 months ago, attributed to the performance of his usual and customary job tasks. The patient complains of low back pain radiating to the bilateral lower extremities (BLEs). The patient was documented to have received recent sessions of physical therapy; however, there were others no documented functional improvement with the provided additional therapy. The patient was noted to have been previously discharged from physical therapy due to a lack of functional improvement. The objective findings on examination included decreased lumbar spine range of motion; muscle strength was rated as 3+/5; increase muscle tenderness; tightness and spasms throughout the entire back. The diagnosis was chronic low back pain. The patient was prescribed an additional 2x6 sessions of physical therapy directed to the lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional Physical Therapy Lumbar Spine, 2 X 6 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 58.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299-300, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 97-98.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter-PT; Back Chapter-PT.

Decision rationale: The request is for authorization of 2x6 additional sessions of PT to the back 14 months after the DOI exceeds the number of sessions of PT recommended by the CA MTUS and the time period recommended for rehabilitation. The evaluation of the patient documented no objective findings on examination to support the medical necessity of physical therapy over the recommended self-directed home exercise program with documented weakness but no muscle atrophy as opposed to a self-directed home exercise program (HEP). There are no objective findings to support the medical necessity of 12 additional sessions of physical therapy for the rehabilitation of the patient over the number recommended by evidence-based guidelines. The patient is noted to have had no functional improvement with recently provided sessions of PT and had previously been discharged from physical therapy due to a lack of progression. The patient is documented with no signs of significant weakness, no significant reduction of range of motion (ROM), or muscle atrophy. There is no demonstrated medical necessity for the prescribed PT to the back 14 months after the date of injury (DOI). The patient is not documented to be in HEP. There is no objective evidence provided by the provider to support the medical necessity of the requested 12 additional sessions of PT over a self-directed home exercise program. The CA MTUS recommends ten (10) sessions of physical therapy over 8 weeks for the lumbar spine rehabilitation subsequent to lumbar/thoracic strain/sprain and lumbar spine DDD with integration into HEP. The provider did not provide any current objective findings to support the medical necessity of additional PT beyond the number recommended by evidence-based guidelines. The request for an additional 2x6 sessions of physical therapy directed to the back is not demonstrated to be medically necessary.