

Case Number:	CM14-0139138		
Date Assigned:	09/05/2014	Date of Injury:	06/17/2011
Decision Date:	11/20/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/27/2014

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 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 patient with a date of injury of June 17, 2011. A utilization review determination dated August 1, 2014 recommends noncertification for additional physical therapy for the lumbar spine. Noncertification was recommended due to lack of documentation of objective functional improvement following previous physical therapy as well as a pending neurosurgical consultation. A progress report dated June 30, 2014 identifies subjective complaints of pain rated as 8/10. The patient is interested in more physical therapy and has undergone 6 sessions so far. The patient has joined a gym and is exercising. Physical examination findings revealed tenderness to palpation in the lumbar spine with positive seated straight leg raise and an inability to heel or toe walk on the right side. Diagnoses included lumbar degenerative disc disease, cervical intervertebral disc displacement, and myalgia. The treatment plan recommends continuing with physical therapy and continuing with medications. The note goes on to state "we do not necessarily feel that surgery would alleviate her symptoms." A report dated March 2014 states "she has not had benefit from injections in the past and there is no indication to repeat them. Nor has she benefited from acupuncture or physical therapy."

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar additional physical therapy (PT) 2 times per week RFA qty: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Medicine Page(. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298,Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, 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. In light of the above issues, the currently requested additional physical therapy is not medically necessary.