

Case Number:	CM14-0141024		
Date Assigned:	09/10/2014	Date of Injury:	04/13/2012
Decision Date:	10/10/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/02/2014

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 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 male patient with the date of injury of April 13, 2012. A Utilization Review was performed on August 14, 2014 and recommended non-certification of physical therapy 1x/week for 8 weeks for the lumbar spine. A Progress Note dated August 5, 2014 identifies History of status post lumbar epidural injection three weeks ago with significant improvement. The leg pain has completely resolved and the back pain has significantly improved as well. He has not been to physical therapy in well over a year. Assessment identifies multiple level lumbar disc protrusions, L5-S1 foraminal stenosis, and lower back and right leg radicular pain resolved after epidural injection. Plan identifies a follow up course of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for Lumbar Spine #8: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines 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 Physical Therapy for Lumbar Spine #8, 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. Official Disability Guidelines (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. ODG recommends 2 visits after injection therapy. Within the documentation available for review, the patient recently underwent epidural injection. A short course of physical therapy may be appropriate for this patient. However, the requested number of sessions exceeds guidelines. Unfortunately, there is no provision in place to modify the request. As such, the current request for Physical Therapy for Lumbar Spine #8 is not medically necessary.