

Case Number:	CM14-0145029		
Date Assigned:	09/12/2014	Date of Injury:	05/21/2014
Decision Date:	10/14/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/08/2014

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 61-year-old female with a 5/21/14 date of injury. The mechanism of injury involved a student hitting his head against the patient's lower back. The physician progress notes dated 6/2/14 and 6/10/14 reported that the patient had an 8/10 low back pain with a limited range of motion in the L-spine. The physical therapy (PT) notes indicated that the patient underwent 10 PT sessions for the C- and L-spine. The PT note dated 6/18/14 stated that the patient was having persistent soreness. No exam findings or evidence of any functional gains were included in the documents. A physician progress note dated 7/17/14 reported that the patient had completed PT and was still having persistent low back pain. An initial orthopedic consultation note dated 7/24/14 indicated that the patient was having intermittent low back pain. Exam findings revealed a normal gait, and pain with lumbar extension, rotation and palpation. The deep tendon reflexes were trace in bilateral knees and ankles and sensation was grossly intact. The most recent physician note dated 8/6/14 reported that the patient had increased pain. The patient's diagnoses included L4-L5 facet arthropathy and moderate stenosis, mild degenerative anterolisthesis, and lumbosacral strain. The patient's medications included Naproxen PRN. There were no physical therapy notes documenting the physical findings to support any functional gains or decrease in pain (i.e. VAS). There was also no documentation of whether or not the patient was undergoing a home exercise program. Treatment to date: medications, injection, physical therapy (12 sessions), heat pack. An adverse determination was received on 8/8/14 due to the lack of specific improvements or sustained functional benefit from prior physical therapy, in addition to the patient having already exceeded the recommended guidelines of 10 visits over 8 weeks. It was also unclear as to why continued gains could not be made through a home exercise program. Furthermore, the patient's current complaints were limited and exceptional factors were not outlined.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy for the lumbar spine, 2 times a week for 6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-289. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Procedure Summary updated 7/3/2014

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

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. The patient was diagnosed with an L4-L5 facet arthropathy and moderate stenosis, mild degenerative anterolisthesis, and lumbosacral strain, and underwent conservative treatment (i.e. medications, heat pack), in addition to 12 sessions of physical therapy. The physician progress reports dated 7/17/14 and 7/24/14 noted that this patient had persistent low back pain despite the completion of the physical therapy sessions. The most recent visit on 8/6/14 noted an increase in this patient's low back pain. Furthermore, there was insufficient evidence of any improvement in this patient's functional ability or motor strength benefitted from the physical therapy sessions. It was also unclear if this patient was undergoing a home exercise program, in addition to the physical therapy sessions. Given the insufficient evidence of any significant improvement in pain, strength, or functional ability benefitted from the physical therapy sessions, it was unclear if this patient would further benefit from additional physical therapy sessions. Therefore, the request for additional physical therapy for the lumbar spine, 2 times a week for 6 visits, as submitted was not medically necessary.