

Case Number:	CM14-0145318		
Date Assigned:	09/12/2014	Date of Injury:	09/13/2006
Decision Date:	10/14/2014	UR Denial Date:	08/26/2014
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 & 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 39-year-old male with a 9/13/06 date of injury. The mechanism of injury occurred as a result of lifting. According to a progress report dated 7/29/14, the patient had a flare in his low back pain recently and underwent trigger point injections which he reported significantly improved his pain symptoms. At this visit, he noted that he continued to have spasm and stiffness in his back. The patient responded quite well to physical therapy in the past and the provider believed the patient had completed 8 sessions at that time. The provider recommended that the patient proceed with 10 additional sessions to keep the myofascial spasm in the back controlled. Objective findings: decreased range of motion of low back with pain, bilateral paravertebral muscle tenderness of lumbar spine, spasm noted above posterior iliac spine, bilateral gluteal spasm. Diagnostic impression: lumbar degenerative disc disease with history of radiculopathy, myofascial pain with recent exacerbation. Treatment to date: medication management, activity modification, trigger point injections, physical therapy. A UR decision dated 8/26/14 denied the request for physical therapy. The number of requested visits in addition to the previous therapy sessions is in excess of the recommendation of the guidelines. Exceptional factors are not noted to validate the need for further visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Physical Therapy Visits for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation (ODG-TWC), Online Edition, Low Back Chapter, Physical Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 page(s) 98-99, 9792.22 General Approaches. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6, page 114

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. Physical Medicine Guidelines - Allow for fading of treatment frequency. The patient has had 8 prior physical therapy sessions. Guidelines only support up to 10 visits over 8 weeks. This request is for 10 sessions, and combined with the 8 completed sessions, would exceed guideline recommendations. There is no documentation of functional improvement or gains in activities of daily living from the prior physical therapy sessions. In addition, it is unclear why the patient is not participating in an independent home exercise program. Therefore, the request for 10 physical therapy visits for the lumbar spine was not medically necessary.