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| Case Number: | CM14-0149733 | | |
| Date Assigned: | 09/18/2014 | Date of Injury: | 04/05/2007 |
| Decision Date: | 11/19/2014 | UR Denial Date: | 09/02/2014 |
| Priority: | Standard | Application Received: | 09/15/2014 |

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 Occupational Medicine, has a subspecialty in Internal 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:

According to the records made available for review, this is a 65-year-old female with an April 5, 2007 date of injury. At the time (8/20/14) of request for authorization for Physical Therapy Evaluation and Treatment (12-sessions) for lumbar and cervical pain, there is documentation of subjective (back pain) and objective (tenderness to palpation over cervical as well as lumbar spine) findings, current diagnoses (chronic low back pain and chronic cervical spine pain with spondylosis), and treatment to date (23 sessions of physical therapy and medications). Medical report identifies a request for physical therapy to improve patient's symptomatology since the last physical therapy was many years ago. There is no documentation of functional deficits and functional goals; functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications or medical services as a result of previous physical therapy treatments; and exceptional factors to justify going outside of guideline parameters; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of previous physical therapy treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Evaluation and Treatment (12-sessions for lumbar and cervical pain):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical therapy (PT).

Decision rationale: The Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The Official Disability Guidelines recommends a limited course of physical therapy for patients with a diagnosis of backache not to exceed nine visits over 8 weeks. Guidelines also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of chronic low back pain and chronic cervical spine pain with spondylosis. In addition, there is documentation of at least 23 sessions of physical therapy treatments completed to date, which exceed guidelines. However, despite documentation of a rationale for request for physical therapy to improve patient's symptomatology since the last physical therapy was many years ago, there is no documentation of functional deficits, and functional goals. In addition, , there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of previous physical therapy treatments. Furthermore, given that the requested 12 additional physical therapy would exceed guidelines, there is no documentation of exceptional factors to justify going outside of guideline parameters. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.