

Case Number:	CM14-0176481		
Date Assigned:	10/29/2014	Date of Injury:	03/18/2014
Decision Date:	12/05/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/24/2014

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 54-year-old male with a 3/18/14 date of injury. According to an 8/8/14 progress report, the patient complained of right low back pain that radiated down his right lower extremity, but stopped above the knee. He rated his pain level as a 7-10. Objective findings: positive tenderness over the right SI joint, full range of motion and intact of the lumbosacral spine, sensation grossly intact. Diagnostic impression: right SI joint dysfunction, degenerative disc disease of the lumbar spine, lumbar spondylosis. Treatment to date: medication management, activity modification, surgery, physical therapy, radiofrequency ablation. A UR decision dated 10/10/14 denied the request for physical therapy of the lumbar spine. A specific rationale for denial was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy; General Approaches Page(s): 98-99. Decision based on Non-MTUS Citation 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. In the present case, the patient has had previous physical therapy. However, it is unclear how many sessions he has previously completed. Guidelines support up to 10 visits over 8 weeks for lumbar sprains and strains. 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 has not been able to transition to an independent home exercise program at this time. Furthermore, the number of sessions requested was not noted in this request. Therefore, the request for Physical therapy for the lumbar spine was not medically necessary.