MAXIMUS Federal Services

Case Number:	CM14-0184327		
Date Assigned:	11/12/2014	Date of Injury:	09/09/1999
Decision Date:	12/18/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/05/2014

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 Therapy and Rehabilitation, has a subspecialty in Pain Management 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:

The patient is a 61 year old with an injury date on 9/9/99. Patient complains of persistent back pain which requires increase in use of Norco per 10/9/14 report. Patient was "feeling much better after completion of initial course of physical therapy" per 10/9/14 report. Based on the 10/9/14 progress report provided by the treating physician, the diagnoses are: 1.Chronic pain state/chronic HA2.Atypical chest pain3.GERD/dyspepsia4.Anxiety/depression5.Overweight6.Insomnia and OSA with secondary excessive daytime sleepiness, can't tolerate CPA mask or nasal pillows7.Erectile dysfunction8.Dyslipidemia9.Bilateral tinnitus, greater on right10. Prostatism11. Hypertension12. Bilateral lower extremity edemaExam on 10/9/14 showed "less fatigued appearing. 97% blood oxygen saturation level." No range of motion testing was included in reports. Patient's treatment history includes medications, physical therapy. The treating physician is requesting physical therapy 2 times a week for 5 weeks (lumbar spine). The utilization review determination being challenged is dated 10/20/14. The requesting physician provided treatment reports from 3/20/14 to 10/9/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 5 weeks (lumbar spine): Upheld

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

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

Decision rationale: This patient presents with back pain. The provider has asked for physical therapy 2 times a week for 5 weeks (lumbar spine) on 10/9/14. Patient had 8 sessions of physical therapy certified on 3/31/14 per 10/20/14 utilization review letter. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, patient had 8 sessions of recent therapy certified, and a short course of treatment may be reasonable for a flare-up, declined function or new injury. However, the provider does not indicate any rationale or goals for the requested 12 sessions of therapy. Patient does state he is "feeling better" after finishing course of physical therapy, but the provider does not provide documentation of "functional improvement" defined by Labor code 9792.20(e) as significant improvement of activities of daily living or improvement in work status, and decreased dependence of medical treatments. Considering patient recently had 8 physical therapy sessions authorized, the requested 10 additional sessions exceed what is allowed by MTUS for this type of condition. Physical therapy 2 times a week for 5 weeks (lumbar spine) is not medically necessary and appropriate.