

Case Number:	CM14-0093812		
Date Assigned:	07/25/2014	Date of Injury:	05/27/2009
Decision Date:	10/15/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/20/2014

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, 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:

This is a patient with a date of injury of May 27, 2009. A utilization review determination dated June 4, 2014 recommends non-certification of physical therapy for the lumbar spine. Non-certification was recommended due to lack of documentation of subjective and objective improvement from prior physical therapy as well as no statement indicating why an independent program of home exercise would be insufficient to address any remaining deficits. A progress report dated May 6, 2014 indicates that the patient has continued lumbar spine pain radiating into the lower extremities. He received 6 sessions of physiotherapy since his last visit. The patient notes that he was trained in a physical exercise regimen. The note goes on to indicate that 6 additional sessions of therapy are needed in order to complete the training in home exercise as well as provide the patient with additional range of motion exercise and improvement. He continues to be on work restrictions. His diagnoses include lumbosacral radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy to the lumbar spine three times a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 474.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Official Disability Guidelines has more specific criteria for the ongoing use of physical therapy. Official Disability Guidelines recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior physical therapy sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In light of the above issues, the currently requested additional physical therapy is not medically necessary.