

Case Number:	CM13-0035405		
Date Assigned:	12/13/2013	Date of Injury:	10/07/2010
Decision Date:	03/05/2015	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/30/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55 year-old females sustained an injury on 10/7/10 while employed by [REDACTED]. Expedited request in consideration include Physical Therapy x 8 visits to the Lumbar Spine. Per report dated 9/5/13 from Dr. [REDACTED], the patient complained of unchanged pain and function. The patient stated that the physical therapy and acupuncture had improved function and decreased pain in the past; Medications were also helpful. Exam findings were illegible. Diagnoses include thoracic, lumbosacral neuritis or radiculitis, unspecified. Treatment plan included repeat 8 sessions of physical therapy to the lumbar spine; repeat 8 sessions of acupuncture; and pain battery questionnaire. The patient remained temporarily totally disabled for another one month. Review indicated the patient had at least 6 physical therapy visits and 8 authorized acupuncture treatments for 2013. Request was non-certified on 9/30/13, citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x8 visits lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

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

Decision rationale: This 55 year-old female sustained an injury on 10/7/10 while employed by [REDACTED]. Expedited request in consideration include Physical Therapy x 8 visits to the Lumbar Spine. Per report dated 9/5/13 from Dr. [REDACTED], the patient complained of unchanged pain and function. Diagnoses include thoracic, lumbosacral neuritis or radiculitis, unspecified. Treatment plan included repeat 8 sessions of physical therapy to the lumbar spine; repeat 8 sessions of acupuncture; and pain battery questionnaire. The patient remained temporarily totally disabled for another one month. Review indicated the patient had at least 6 physical therapy visits for 2013. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received at least 6 therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. The patient is now treating with Dr. [REDACTED] who has continued her on total temporary disability for ongoing pain complaints. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this October 2010 injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical Therapy x 8 visits to the Lumbar Spine is not medically necessary and appropriate.