

Case Number:	CM14-0215580		
Date Assigned:	01/02/2015	Date of Injury:	07/31/2013
Decision Date:	03/03/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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, Pain Management

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 injured worker is a 51-year-old male with an original date of injury of July 31, 2013. The industrial diagnoses include chronic low back pain and lumbar radiculopathy. The injured worker has had conservative therapy consisting of physical therapy, pain medications including OxyContin and Percocet, and muscle relaxants. Physical therapy has reportedly been beneficial in improving the worker's overall conditioning and endurance. The disputed issues a request for six sessions of physical therapy for the lumbar spine. A utilization review determination on December 3, 2014 had noncertified this request. The rationale for this denial was that this patient has already completed 16 sessions of physical therapy to date, and objective functional gains made throughout those therapy sessions were not provided. Furthermore, the reviewer argued that "exceptional factors to warrant additional therapy that exceeds the guidelines were also not provided."

IMR ISSUES, DECISIONS AND RATIONALES

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

Six sessions of physical therapy for the low back: Upheld

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

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

Decision rationale: In the case of this injured worker, the submitted documentation failed to indicate functional improvement from previous physical therapy. This functional improvement can include a reduction in work restrictions or other clinically significant improved function in activities of daily living. According to the Chronic Pain Medical Treatment Guidelines, continuation of physical therapy is contingent on demonstration of functional improvement from previous physical therapy. The patient has undergone PT x 16 sessions. There is a physical therapy note on 11/13/2014 that indicates that PT so far has helped the frequency and duration of LBP. There is no comprehensive summary of what functional benefit the worker gained from PT. Furthermore, the last PT note from 11/13/2014 indicates the patient demonstrated readiness for discharge. Therefore additional physical therapy is not medically necessary.