

Case Number:	CM14-0217845		
Date Assigned:	01/07/2015	Date of Injury:	04/27/2009
Decision Date:	06/22/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/29/2014

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

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 38 year old female, who sustained an industrial injury on April 27, 2009. She reported a back injury. The injured worker was diagnosed as having degeneration of the lumbar or lumbosacral intervertebral disc. She is status post lumbar fusion in 2012. Diagnostic studies to date have included an MRI and x-rays. Treatment to date has included aquatic therapy, an epidural steroid injection, and medications including pain, muscle relaxant, anti-anxiety, antidepressant, and non-steroidal anti-inflammatory. On November 20, 2014, the injured worker complains of moderate-severe pain in the upper back, lower back, gluteal area, and neck with radiation to the bilateral arms and bilateral feet. The pain is described as an ache, burning, deep, dull, sharp, shooting, stabbing, and superficial. Her pain is helped by lying down, ice, massage, and stretching. The physical exam revealed maximum tenderness of the bilateral shoulders, pericervical, periscapular, and trapezius. There were circumscribed taut bands twitching over the cervical paraspinal, levator scapula, and trapezius; circumscribed taut bands with twitch response upon palpation of the thoracic area referring to the scapula; moderate spasm, and tenderness of the thoracic paraspinal, trapezius, and medial scapula. There was mild spasm and tenderness of the lumbar spinous and paraspinal, gluteals, piriformis, posterior superior iliac spine, quadratus, and sciatic notch. There was pain over the lumbar hardware site, which worsened with loading maneuvers. The lumbar active range of motion was painful and restricted. There was decreased sensation of the bilateral lumbar 5 and normal reflexes of the bilateral lower extremities. The treatment plan includes physical therapy for the lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve physical therapy sessions for the low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional 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 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic 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 Twelve physical therapy sessions for the low back is not medically necessary and appropriate.