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| Case Number: | CM14-0059494 | | |
| Date Assigned: | 07/09/2014 | Date of Injury: | 05/19/2012 |
| Decision Date: | 03/04/2015 | UR Denial Date: | 04/09/2014 |
| Priority: | Standard | Application Received: | 04/30/2014 |

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 29-year-old individual with an original date of injury of May 19, 2012. The industrial diagnoses include chronic low back pain, lumbar radiculitis, myofascial pain syndrome, degenerative lumbar spondylosis, pain disorder with psychological aspects, and insomnia. The patient has had conservative treatment with physical therapy and pain medications including narcotics. The disputed request is for additional physical therapy. A utilization review determination on April 9, 2014 had noncertified this request. The rationale for the denial was that "there was no documentation detailing how many physical therapy sessions have been completed to date and why the patient could not manage their condition with a daily home exercise program."

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 6 lumbar: Upheld

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

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

Decision rationale: A progress note for this patient on January 20, 2014 requests for six additional sessions of physical therapy. There is a statement that this worker has had progressive loss of physical function worst in the legs bilaterally. There is indication that the patient had physical therapy in the past which has been "helpful" and will help to prevent falls. However, the submitted documentation does not indicate the number of past visits, functional benefit from prior therapy, and a comprehensive summary of past therapy is not submitted. The Chronic Pain Medical Treatment Guidelines recommend that formal physical therapy should be tapered to self-directed home exercises. Furthermore, the guidelines specify that additional PT is contingent on demonstration of functional benefit from prior PT. Therefore additional physical therapy is not medically necessary with knowledge of the key factors of past therapy.