MAXIMUS Federal Services

Case Number:	CM14-0154309		
Date Assigned:	09/23/2014	Date of Injury:	10/13/2011
Decision Date:	11/03/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/22/2014

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 Medicine 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 October 13, 2011. A utilization review determination dated September 10, 2014 recommends noncertification of physical therapy for the lumbar spine. Noncertification was recommended since the patient has previously undergone 8 therapy sessions with no objective documentation of continued functional deficits. A progress report dated August 25, 2014 identifies subjective complaints of low back pain traveling into his lower extremities with numbness tingling and weakness. Physical examination findings revealed tenderness at the lumbosacral junction with restricted range of motion and paresthesia noted in the distribution of the L4, L5, and S1 regions bilaterally. There is also reduced strength on the right and left. Diagnoses include lumbar radiculopathy. The treatment plan recommends continuing a home exercise program and epidural steroid injections. The progress report dated April 21, 2014 states that the patient has not improved with conservative measures. It is recommended to continue a 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 2 times a week for 6 weeks for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298,Chronic Pain Treatment Guidelines Page(s): 98 of 127. 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. ODG has more specific criteria for the ongoing use of physical therapy. ODG 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. ODG recommends 10-12 visits for the treatment of lumbar radiculitis. Within the documentation available for review, it appears the patient has completed prior PT 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. Furthermore, if the patient has patient has previously undergone PT, than the request exceeds the amount of PT recommended by the CA MTUS. If the patient has not previously undergone PT, then the number requested exceeds the number recommended as a trial by guidelines. In light of the above issues, the currently requested additional physical therapy is not medically necessary.