MAXIMUS Federal Services

Case Number:	CM13-0022007		
Date Assigned:	11/13/2013	Date of Injury:	09/06/1996
Decision Date:	05/02/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/09/2013

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. The expert reviewer is Board Certified in Occupational 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:

According to the records made available for review, this is a 46-year-old male with a date of injury of 9/9/96 and status post lumbar discectomy and fusion of L5-S1 in 1996. At the time of request for authorization (7/31/13) for physical therapy, three (3) times a week for six (6) weeks, to the low back, there is documentation of subjective findings (escalating low back pain with alternating buttock and hamstring discomfort, worse on the right side) and objective findings (guarded movements and aggravation of back pain on lumbar and hip range of motion). The imaging findings from the reported MRI of the lumbar spine on 7/22/13 revealed no neural compression and questionable pseudoarthrosis at the level of the old fusion at L5-S1. The report was not available for review. The current diagnoses included worsening back pain of unknown etiology and chronic disability. The treatment to date included: medications, lumbar discectomy, and fusion in 1996. In addition, the 7/31/13 medical report identifies that the patient has not received physical therapy since 2002. Furthermore, the 12/4/13 medical report identifies a plan to reinitiate physical therapy to the lumbar spine to address the patient's acute flare of low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHTEEN (18) PHYSICAL THERAPY VISITS, THREE (3) TIMES A WEEK FOR SIX (6) WEEKS TO THE LOW BACK, AS AN OUTPATIENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - HTTPS://WWW.ACOEMPRACGUIDES.ORG/ LOW BACK; TABLE 2, SUMMARY OF RECOMMENDATIONS, LOW BACK DISORDERS

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK CHAPTER, PHYSICAL THERAPY AND TITLE 8, CALIFORNIA CODE OF REGULATIONS, SECTION 9792.20

Decision rationale: The Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed ten (10) visits over four to eight (4-8) weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. The guidelines identify that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The Official Disability Guidelines (ODG) recommend a limited course of physical therapy for patients with a diagnosis of lumbar pain not to exceed ten (10) visits over eight (8) weeks. The ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy), and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of worsening back pain of unknown etiology and chronic disability. In addition, there is documentation that the patient last received physical therapy in 2002, and a plan identifying to reinitiate physical therapy to the lumbar spine to address the acute flare of low back pain. Furthermore, given documentation of subjective finding (escalating low back pain with alternating buttock and hamstring discomfort, worse on the right side) and objective findings (guarded movements and aggravation of back pain on lumbar and hip range of motion), there is documentation of objective functional deficits and functional goals. However, the proposed number of sessions exceeds guidelines recommendations (for reinitiating an initial trial). Therefore, based on guidelines and a review of the evidence, the request for physical therapy, three (3) times a week for six (6) weeks, to the low back is not medically necessary.