

Case Number:	CM13-0036607		
Date Assigned:	12/13/2013	Date of Injury:	11/05/2002
Decision Date:	02/03/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family 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 physician 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 claimant is a 66-year-old female with a reported date of injury of 11/05/2002. The mechanism of injury is described as tripping over a box of photo paper while working as a lab tech. She was seen on 11/10/2003 with pain in the mid lumbar spine. Straight leg raise was negative and she had 5/5 motor strength and she had decreased sensation in a right S1 distribution. On 01/25/2013, she was discharged from physical therapy after having been seen for 18 treatments. She has noted some improvement in muscle strength and some improvement in range of motion. When she was seen on 05/31/2013, she had tenderness to the lumbar spine and was instructed to continue physical therapy for strengthening and range of motion. On 10/16/2013 when she was seen in clinic she was tender in the right piriformis. She continued a home exercise program at that time. On 11/13/2013 when she was seen again, she again demonstrated tenderness to the lumbar spine and the right piriformis. Diagnoses included low back pain, sacroiliac joint arthropathy, chronic pain due to trauma, lumbar radiculopathy, lumbar facet arthropathy, lumbar disc displacement, lumbar disc degeneration and piriformis syndrome. The plan going forward was to recommend continued therapy 3 times 6 to the lumbar spine for a total of 18 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 3 x 6 Lumbar/ 18 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: This request is for physical therapy 3 times 6 to the lumbar spine for a total of 18 sessions. MTUS chronic pain guidelines state "The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability." MTUS Chronic Pain Guidelines further advocate fading of treatment frequency from up to 3 visits per week to 1 or less, plus an active self-directed home physical medicine program. For myalgia and myositis, 9 to 10 visits over 8 weeks is recommended and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks is recommended. The submitted records indicate the claimant was discharged from physical therapy in 01/2013 after having undergone 18 visits. Records indicate she has been continued on a home exercise program which is appropriate per guidelines. MTUS Chronic Pain Guidelines also advocate active treatment versus passive treatment. The request does not include documentation of whether this is an active treatment program or a passive therapy program. The most recent clinical note fails to demonstrate significant functional deficits such as range of motion deficits or strength deficits for which continued physical therapy would be supported. As she has exceeded current guideline recommendations for the total amount of physical therapy, as there is lack of documentation of functional deficits for which physical therapy might be recommended, and as there is lack of documentation whether this is an active or passive program that is recommended, this request is not considered medically necessary and is non-certified