

Case Number:	CM13-0042083		
Date Assigned:	12/27/2013	Date of Injury:	11/28/2012
Decision Date:	08/13/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/16/2013

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 General Preventive Medicine and is licensed to practice in Indiana. 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 employee is a 39 year old male with date of injury of 11/28/2012. A review of the medical records indicates that the patient is undergoing treatment for spondylolisthesis, lumbar disc herniation, lumbar radiculitis, and spinal stenosis. Subjective complaints include chronic back pain rated 4/10. Objective findings include lower extremity strength 4/5 and hip strength limited to 3/5 due to pain. Treatment has included Nortriptyline and 12 sessions of physical therapy and a work hardening program. The utilization review dated 9/23/2013 non-certified additional physical therapy 2-3 times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO TO THREE TIMES A WEEK FOR FOUR WEEKS:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 65-194, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy.

Decision rationale: The California MTUS guidelines recommend that physical medicine is allowed for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. Additionally, the ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. The ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. Regarding physical therapy, ODG states 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); & When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. The request for 12 sessions is in excess of guidelines. The employee has had 12 visits to physical therapy in the past, and there is no documentation of a home exercise program or the functional benefit gained. Therefore, physical therapy 2-3 times a week for 4 weeks is not medically necessary.