

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0051707 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 05/03/2012 |
| Decision Date: | 04/28/2014 | UR Denial Date: | 11/01/2013 |
| Priority: | Standard | Application Received: | 11/14/2013 |

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 Preventive 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, the claimant is a 44-year-old male with a 5/3/12 date of injury. At the time (10/18/13) of request for authorization for eighteen (18) physical therapy sessions, there is documentation of subjective radicular low back pain with numbness and tingling in the bilateral lower extremities). Objective tenderness over the bilateral posterior superior iliac spine and scaro-tuberous ligaments bilaterally, decreased range of motion, positive right straight leg raise at 45 degrees and left at 30 degrees, positive Braggard's, positive flip test, positive tripod sign, and decreased sensation in the left lower extremity findings. Current diagnoses are lumbosacral sciatica syndrome and lumbar spine herniated nucleus pulposus. Treatment to date include(physical therapy and medications. Medical report identifies a request to continue with the course of physical therapy for the lumbar spine. The number of previous physical therapy sessions cannot be determined. In addition, there is no documentation 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 as a result of physical therapy provided to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHTEEN (18) PHYSICAL THERAPY SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical therapy

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 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. MTUS-Definitions identifies 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) recommends a limited course of physical therapy for patients with a diagnosis of sciatica not to exceed 10-12 visits over 8 weeks. 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 lumbosacral sciatica syndrome and lumbar spine herniated nucleus pulposus. In addition, there is documentation of subjective findings of radicular low back pain with numbness and tingling in the bilateral lower extremities. Objective findings of tenderness over the bilateral posterior superior iliac spine and scaro-tuberous ligaments bilaterally, decreased range of motion, positive right straight leg raise at 45 degrees and left at 30 degrees, positive Braggard's, positive flip test, positive tripod sign, and decreased sensation in the left lower extremity and documentation of functional deficits and functional goals. Furthermore, given documentation of a request to continue with the course of physical therapy for the lumbar spine, there is documentation of previous physical therapy treatments. However, there is no documentation of the number of previous physical therapy treatments and, if the number of treatments have exceeded guidelines, remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines. In addition, there is no documentation 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 as a result of physical therapy provided to date. The request for eighteen (18) physical therapy sessions is not medically necessary and appropriate.