

Case Number:	CM13-0070860		
Date Assigned:	01/08/2014	Date of Injury:	05/16/2013
Decision Date:	04/15/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/26/2013

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 Hawaii. 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 patient is a 45-year-old female with a date of injury of 5/16/2013. Medical records indicate that the patient is undergoing treatment for lumbar spine sprain/strain and possible lower extremity radiculopathy. Subjective complaints (11/19/2013) include headaches, upper thoracic back pain, lumbar spine back pain (8/10 pain scale) with muscle spasms along the waist, and radiating pain with paresthesia to the legs. Objective findings (11/19/2013) include: slight tenderness to palpation of the spinous process L4-5, spasms in the lumbar paravertebral muscles (right worse than left), tenderness to gluteus/piriformis muscles of lumbar spine, slightly tender bilateral sacroiliac joints, decreased flexion and extension of lumbar, 4/5 motor strength to right quadriceps muscle, normal reflexes bilaterally, decreased sensation of L5-S1 dermatomes to the right and normal dorsalis pedis pulses bilaterally. Treatment has included orthopedic evaluation, acupuncture (unknown number of sessions), back support, medications (Tylenol, Ultram, Flexeril - dosage not specified), and physical therapy. A utilization review dated 12/16/2013 partially certified for 8 physical therapy sessions of the 12 sessions requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) PHYSICAL THERAPY SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS 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 Expert Reviewer's decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a "six-visit clinical trial" of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. The original utilization review modified the 12 PT session request down to 8 sessions, is within guidelines. The treating physician did not document any objective or subjective improvement resulting from the initial therapy, which is necessary to warrant extension of additional sessions. ODG does recommend that post-surgical thoracic/lumbar physical therapy range from 16-30+ sessions over 8-16 weeks, however, there is no medical documentation to support that the patient is post-surgical for thoracic/lumbar orthopedic reasons. As such, the request for 12 sessions of physical therapy is not medically necessary.