

Case Number:	CM14-0006142		
Date Assigned:	03/03/2014	Date of Injury:	11/18/1998
Decision Date:	06/30/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/16/2014

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:

The patient is a 58-year-old female who has submitted a claim for lumbosacral sprain associated with an industrial injury date of November 18, 1998. Medical records from 2013 were reviewed showing the patient having low back pain. She had episodes of low back spasms but recently has improved with decreased duration and intensity. Additional clinical information were lacking from the medical records. Recent utilization review states that the pain ranges from 3-8/10 depending on the day and activity. Physical examination findings were lacking. MRI of the bilateral hips and pelvis dated November 14, 2013 showed minimal degenerative changes of both hips, dextroconvex lumbar curvature and spondylitic change, distal left gluteus minimus tendinopathy and fluid suggesting a left trochanteric bursitis, and minimal signal alteration adjacent to the right greater trochanter, likely chronic. MRI of the lumbar spine dated November 14, 2013 revealed minimal lumbar curvature, disc degeneration from L1-L2 to L5-S1, mild endplate edema at L2-L3, grade 1 retrolisthesis at L1-L2 and L2-L3, trace retrolisthesis at L3-L4, mild facet hypertrophy primarily on the right at L4-L5 and L5-S1; right eccentric disc bulge at L4-L5 minimally effaces the right axillary recess without definite impingement on the right L5 nerve root; mild bilateral foraminal narrowing from L1-L2 to L5-S1; and small perineural versus Tarlov cysts in the inferior sacral canal. Treatment to date has included physical therapy and home exercise program. Utilization review dated January 8, 2014 denied the request for outpatient physical therapy 6 sessions for the back because there was no evidence of significant lasting functional improvement and there is no statement why an independent home exercise program would be insufficient to address any remaining functional deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) SESSIONS OF OUTPATIENT PHYSICAL THERAPY FOR THE BACK: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Low Back, Physical Therapy

Decision rationale: As stated on pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. In addition, Official Disability Guidelines (ODG), Low Back Section, recommend 10 physical therapy visits over 8 weeks for lumbar sprains and strains and fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home physical therapy. In this case, the patient had a total of 23 physical therapy sessions from June to December 2013. The most recent physical therapy session on December 19, 2013 still showed pain in the lower back but the spasms have improved; functional improvements were likewise noted. There is insufficient evidence to prove the necessity for additional physical therapy for the back since the patient should be well-versed in a self-directed home exercise program by now. Also, the requested number of visits exceeded the guideline recommendation. Therefore, the request for six (6) sessions of outpatient physical therapy for the back is not medically necessary.