

Case Number:	CM14-0014842		
Date Assigned:	02/28/2014	Date of Injury:	02/01/2000
Decision Date:	06/27/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/05/2014

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 Physical Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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:

This patient is a 68-year-old female with date of injury 02/01/2000. Per treating physician's report 11/18/2013, the patient is status post L4-S1 PSF, L4-L5 grade 2 spondylolisthesis from 01/06/2011. Listed diagnoses are lumbar disk displacement, lumbar disk degeneration, sprain, lumbar region. There is also a diagnosis of moderate disk herniation at L3-L4 with bilateral foraminal stenosis. Under plan, the treating physician indicates that the patient is having increased pain, has difficulty holding her back straight, and the patient was ordered a chair back brace to help. Also, physical therapy has helped her in the past, especially aquatic. Therefore, request was for 12 sessions of physical therapy. Patient's prescriptions included Neurontin, tramadol. 01/06/2014 report is also reviewed. Patient continues to have low back pain with radiation down both lower extremities. Pain increased with almost every activity such as lifting, bending, stooping, prolonged sitting, prolonged standing. Patient has not experienced significant relief following surgery and has experienced increased pain over the last 6 to 7 months. Plan was to order formal physical therapy for the patient to reduce pain, restore function. Patient is also suffering from adjacent segment disease at L3-L4. These findings justify need for formal physical therapy for any kind of non-conservative treatment is presented to the patient. Patient states that she is not able to perform any type of exercises at home because she needs help and does not have the proper equipment to perform the proper exercise for the adjacent segment disease. Recommendation was for reconsideration for formal physical therapy in the form of 12 sessions 2 times a week for 6 weeks. Physical therapy should be 12 sessions of aquatic therapy. Recommendation was also for lumbar brace and continued medications that include Neurontin, tramadol, and Skelaxin.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 PHYSICAL THERAPY FOR THE LUMBAR SPINE, 2 VISITS A WEEK FOR 6 WEEKS AS OUTPATIENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

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

Decision rationale: This patient presents with chronic low back pain. Patient is status post lumbar fusion from 2011 at multiple levels. Unfortunately, surgical intervention did not help her. Patient continues to be symptomatic, in fact, experienced increased pain over the previous 6 to 8 months. The treating physician has requested additional physical therapy for 12 sessions, and the reports indicate aqua therapy. Review of the reports does not show that the patient had undergone recent physical therapy. The treating physician also mentions that the patient had physical therapy in the "remote past." There are no discussions in any of the progress reports regarding how physical therapy was helpful in the past, with what benefit. Currently, the treater indicates that the patient is not able to exercise at home and requires help. He wants the patient to start with aqua therapy and to go from there. MTUS Guidelines support 9 to 10 sessions for myalgia and myositis, 8 to 10 sessions for neuralgia and neuritis type of condition that this patient suffers from. It would appear that up to 10 sessions would be appropriate in addressing this patient's persistent overall pain and function that have deteriorated over the last 6 to 8 months. However, MTUS Guidelines only allow up to 10 sessions for this kind of clinical situation. Given that the request exceeds what is allowed by MTUS Guidelines, therefore the request is not medically necessary.