

Case Number:	CM14-0159885		
Date Assigned:	10/03/2014	Date of Injury:	08/26/2011
Decision Date:	12/16/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/29/2014

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:

This is a 56 year old male with an 8/26/11 injury date. In an 8/14/14 note, the patient complained of intermittent pain in the low back that was aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing, and walking. There was radiation of pain into the lower extremities. The pain was improving and was noted to be 3/10. Objective findings included paravertebral muscle spasm and tenderness, guarded and restricted lumbar range of motion, and normal strength and sensation. Diagnostic impression: Lumbago. Treatment to date: L4-S1 decompression and fusion (3/1/13), removal of lumbar hardware (12/13/13), physical therapy, medications. A UR decision on 9/2/14 denied the request for 12 physical therapy sessions for the lumbar spine because there was limited evidence of exceptional factors that would support an extended course of care beyond the already completed visits. In addition, it was not clear how many sessions of physical therapy had been completed previously.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 12 visits, 2 times a week for 6 weeks, with deep tissue massage to lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC) Low Back Procedure Summary, updated 08/22/2014

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy; Massage Page(s): 98-99; 60.

Decision rationale: CA MTUS stresses the importance of 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. CA MTUS states that massage therapy should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. However, at the time of the last note, the patient reports general improvement, has a pain rating of 3/10, and does not have any objective functional limitations on exam. There is no specific indicator that supports the medical necessity of continued physical therapy beyond what was already completed after the last lumbar surgery. In addition, it is not clear exactly how many sessions have been completed in the recent past. Therefore, the request for physical therapy 12 visits, 2 times a week for 6 weeks, with deep tissue massage to lumbar spine is not medically necessary.