

Case Number:	CM14-0169711		
Date Assigned:	10/17/2014	Date of Injury:	12/18/1993
Decision Date:	11/20/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/14/2014

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 Family Medicine, and is licensed to practice in Texas & 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 73year old male patient who sustained a work related injury on 12/18/1993. Patient sustained the injury when he was trimming horses. The current diagnoses include low back pain; s/p lumbar spine surgical intervention-left hemilaminectomies at L4and LS and facet arthropathy. Per the doctor's note dated 8/27/14, patient has complaints of low back pain with radiculopathy. Physical examination revealed mild antalgic gait and supple neck. The medication lists include Naproxen and Ibuprofen. The MRI of the lumbar spine dated 6/27/2011 that revealed chronic degenerative disc changes at L4-LSand L5-S1, postoperative changes of partial left hemilaminectomies at L4 and L5, minimal posterior disc bulgingand osteophyte complex that both L4-L5 and L5-S1. The patient has had epidural steroid injection for this injury with 75% improvement on 11/21/13. The patient's surgical history includelumbar spine left hemilaminectomies at L4 and L5 1991. The patient has received an unspecified number of the PT and massage therapy visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy, quantity 10: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, 300, Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back Chapter

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

Decision rationale: The guidelines cited below state, "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine" Patient has received an unspecified number of PT visits for this injury, Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The request for Additional physical therapy, quantity 10 is not medically necessary.

Massage therapy, quantity 12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

Decision rationale: Per the CA MTUS guidelines cited below regarding massage therapy "This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Furthermore, many studies lack long-term follow up Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided."The cited guidelines recommend massage therapy should be limited to 4-6 visits in most cases. The patient has received an unspecified number of PT and massage therapy visits for this injury.The requested additional visits in addition to the previously rendered massage visits are more than recommended by the cited criteria. The records submitted contain no accompanying current massage therapy evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous massage visits that is documented in the records provided. Previous massage visit notes were not specified in the records provided. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The request of Massage therapy, quantity 12 is not medically necessary.