

Case Number:	CM14-0180477		
Date Assigned:	11/05/2014	Date of Injury:	03/16/2004
Decision Date:	12/10/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	10/30/2014

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 Preventive Medicine, has a subspecialty 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 patient is a 52 year old employee with date of injury 3/16/04. Medical records indicate the patient is undergoing treatment for chronic low back pain, lumbosacral radiculopathy, and lumbosacral disc injury. Subjective complaints include low back pain with numbness and tingling of both legs and intermittent buttock pain. Complains of impaired sleep due to pain. Reports irritability. Describes pain as "cramping sensation" in right leg with toes curled and instability supporting his own weight on the right side. Patient reports reduction in severity of pain with self-stretching. Objective complaints include tightness of lumbosacral paraspinal muscles bilaterally. MRI lumbar spine on 7/21/04 showed 3-5 mm disc herniation at L4-5, central and right paracentral. Treatment has consisted of chiropractic treatments with no significant improvement. Modified duty. Continued regular use of lumbar traction unit and muscle stimulator, regular stretching, walking and exercise bike as part of his home exercise program. Medications to include Oxycodone, Percocet, Lidoderm, Voltaren gel, Opana ER and Flexeril. The utilization review determination was rendered on 10/23/14 recommending non-certification of an additional 12 physical therapy visits for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue Physical Therapy to Low Back Qty: 12.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, 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: California Medical Treatment Utilization Schedule (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, American College of Occupational and Environmental Medicine (ACOEM) guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. Official Disability Guidelines (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. Medical records indicate the patient's functional status has remained stable. The patient is currently approved for 10 physical therapy visits and has attended one of those sessions. The patient needs to complete the 10 physical therapy visits with documentation of functional improvement prior to additional physical therapy being approved. As such, the request for 12 sessions of physiotherapy is not medically necessary.