MAXIMUS Federal Services

Case Number:	CM14-0023385		
Date Assigned:	05/12/2014	Date of Injury:	01/23/2010
Decision Date:	08/07/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/24/2014

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 36-year-old female with a 01/23/2010 date of injury, when she injured her lower back while lifting heavy food containers. The patient underwent L4-5 and L5-S1 fusion in February 2013 with postoperative physical therapy with significant improvement. The patient was noted to have 6 massage therapy sessions approved in January 2013, however apparently could not get there secondary to transportation. A Utilization Review decision dated 2/4/14 approved another 6 sessions of physical therapy (however no Physical Therapy notes were available for review). The patient was seen on 05/05/2014 with complaints of low back pain, left-sided leg pain and left lower extremity pain to the ankle and left foot. She recently competed 6 session of massage therapy and it was noted to be significantly improved in her overall pain level (from 5-6/10 to a 4/10 on Visual Analog Scale). Exam of the lumbar spine revealed limited range of motion secondary to pain, flexion 80% of normal, extension 80% of normal. Side to side bending was 60% of normal to left and right. Straight leg raise test and FABER (Flexion in Abduction and External Rotation) test were negative bilaterally. DTRs (Deep Tendon Reflexes) were 2+ and equal in the lower extremities bilaterally. The patient was seen on 3/5/14 with complaints of tingling in the left foot. The note states that the patient's physical therapy was denied and states that after symptoms have aggravated. Hence another 12 sessions were requested. In addition, another 12 sessions of massage therapy were requested. The diagnosis is status post anterior-posterior L4-L5 and L5-S1 fusion and herniated nucleus pulpous L3-L4 and L4-L5 with right lumbar radiculopathy.5/5/14 lumbar X-rays demonstrated implants to be in good position. The bony fusion anteriorly has not completed yet. This demonstrates delayed fusion.Treatment to date: L4-L5 and L5-S1 lumbar fusion (02/06/2013), lumbar epidural injections, physical therapy, chiropractic treatments, work restrictions, medication and bone growth stimulator, FRP (Function Restoration Program).An adverse determination was received on 02/19/2014. The

request for additional Physical Therapy was denied given the request for massage therapy was approved, and was agreed upon the requesting physician and the peer reviewer that the patient's physical therapy could wait until after her massage therapy was done. The patient was approved on 2/11/14 for 6 massage therapy sessions for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) physical therapy sessions for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) , Pain, Suffering, and the Restoration of Function Chapter 6 (page 114).

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. This patient is status spot a lumbar fusion in February of 2013 with postoperative physical therapy. There are no documented functional improvements that require further physical therapy, and it is not clear why she is not independent in a home exercise program at this time. In addition, a peer to peer discussion on February 19th 2014 stated that the physician would wait until the patient's massage therapy was finished and would re-request physical therapy at time. Therefore, the request for Twelve (12) physical therapy sessions for lumbar spine is not medically necessary and appropriate.

Twelve (12) massage therapy sessions for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: 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. The patient was already approved for 6 sessions of massage therapy 01/24/14, however she was not able to go secondary to transportation issues. Hence another 6 sessions were certified on 2/4/14. There is a lack of documentation as to whether this has been competed, or if it was of any benefit. Therefore, the request for 12 sessions of massage therapy as submitted was not medically necessary and appropriate.