

Case Number:	CM14-0034690		
Date Assigned:	06/20/2014	Date of Injury:	08/21/1999
Decision Date:	07/18/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/20/2014

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 Emergency Medicine and is licensed to practice in New York. 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:

The patient is a 57-year-old male who was injured on August 21, 1999. The patient continued to experience constant pain in his lower back radiating into his bilateral lower extremities. Physical examination was notable for severe back pain with spasms, positive straight leg raise test, weakness in bilateral great toes and ankles. MRI of the lumbar spine dated 12/10/13 reported multilevel disc disease with left L3 nerve root abutment. Diagnoses included lumbar spine musculoligamentous sprain/strain, bilateral lower extremity radicular pain and paresthesia, and multilevel stenosis with multilevel protrusion. Treatment included epidural injection, physical therapy, and pain management. Request for authorization for physical therapy of the lumbar spine was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy lumbar spine, twice a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Non-MTUS Citation: Official Disability Guidelines (ODG).

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. The Official Disability Guidelines (ODG) states that physical therapy is more effective in short-term follow up. Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case the request is for 8 visits of physical therapy, twice weekly for 4 weeks. The number of visits requested surpasses the recommended six-visit clinical trial. In addition the patient had received physical therapy before without benefit. The request for physical therapy for the lumbar spine, twice a week for four weeks is not medically necessary and appropriate.