

Case Number:	CM14-0044159		
Date Assigned:	07/02/2014	Date of Injury:	12/31/2005
Decision Date:	08/21/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	04/11/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 53 year old with an injury date on 12/31/05. Patient complains of intolerable chronic lower back pain per 10/3/13 report. Patient reports improvement in pain since switching Oxycodone from 30mg once a day to 10mg t.i.d per 12/19/13 report. Based on the 12/19/13 progress report provided by [REDACTED] the diagnoses are: 1. Axial low back pain with gluteal region pain. A. Clinical history and examination are suggestive of bilateral sacroiliac joint dysfunction. B. Medial records indicate the patient is s/p L3-L5 decompression with interbody and posterolateral fusion on 3/17/08 and subsequent hardware removal and re-fusion from L4-5 and L5-S1 on 10/24/09. He is essential fused from L3 through S1 level. 2. X-ray of the lumbar spine did confirm posterolateral fusion at L3-4 and L4-5 and laminectomy defects noted T4 and L4-5. There were also degenerative changes about the sacroiliac joint and left hip joint. He does also have right total hip replacement. 3. QME with reported diagnosis of depression. Psychology evaluation has been requested and scheduled in early January 2014. The patient is currently on high dose opioid usage for pain management prior to initial evaluation. 4. History of hepatitis C with reported normal liver function performed approximately one year and a half prior, repeat blood work is pending. Exam on 12/19/13 showed tenderness to palpation predominantly below the iliac crest level about the gluteal region. Straight leg raise was negative. He does report lumbar extension more painful than lumbar flexion. Patrick's was positive bilaterally. Yeoman's was positive bilaterally. Manual muscle testing in the lower extremities demonate 5/5 strength. Sensory exam is intact. Gait is within normal limits. [REDACTED] is requesting physical therapy 2 times per week to 6 weeks for lumbar spine. The utilization review determination being challenged is dated 3/6/14. [REDACTED] is the requesting provider, and he provided treatment reports from 10/3/13 to 12/19/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times per week for 6 weeks to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Treatment for workers' compensation, Online Edition, Chapter : Low Back - Lumbar & Thoracic ODG Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS pages 98, 99: Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007) Physical Medicine Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks, page pg. 98, 99 Page(s): 98, 99.

Decision rationale: This patient presents with lower back pain and is status post (s/p) lumbar fusion from 2008/2009. The treater has asked for physical therapy 2x wk x 6 wks lumbar spine on 12/19/13. Review of the report shows no evidence of recent physical therapy. The patient is outside of post-operative therapy time-frame and MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. Given the lack of any therapy treatments in the recent past a short course of 8-10 sessions may be supported by MTUS but not the requested 12 sessions. MTUS page 8 also requires that the treater provide monitoring of the patient and make appropriate recommendations. In this case, the treater does not discuss the patient's treatment history to determine whether or not a short course of therapy may be indicated. There is no discussion regarding the patient's current function, any flare-ups or new injuries. The request is not medically necessary.