

Case Number:	CM14-0074174		
Date Assigned:	07/16/2014	Date of Injury:	11/01/2012
Decision Date:	09/08/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/21/2014

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, 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:

According to the records made available for review, this is a 39-year-old male with a 11/1/12 date of injury. At the time (4/22/14) of request for authorization for Physical Therapy, 12 visits, 2 per week, for 6 weeks and Aquatic Therapy, 12 visits, 2 visits per week, for 6 weeks, there is documentation of subjective (left low back pain and left leg pain) and objective (tenderness over the midline of L4-S1, adjacent paraspinals, and upper left buttock) findings, current diagnoses (L5-S1 degenerative disc disease with facet arthropathy and ligamentum flavum hypertrophy contributing to lateral recess stenosis causing left S1 radiculopathy and L4-L5 degenerative disc bulge with left L5 radiculopathy), and treatment to date (medications, epidural steroid injection, and 2 previous physical therapy treatments). Regarding Aquatic therapy, there is no documentation of an indication for which reduced weight bearing is indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 12 visits, 2 per week, for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical therapy (PT).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of Intervertebral disc disorders not to exceed 10 visits over 8 weeks. ODG also notes 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) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of L5-S1 degenerative disc disease with facet arthropathy and ligamentum flavum hypertrophy contributing to lateral recess stenosis causing left S1 radiculopathy and L4-L5 degenerative disc bulge with left L5 radiculopathy. In addition, there is documentation of 2 previous physical therapy treatments. However, given documentation of 2 treatments completed to date, the requested physical therapy 12 visits would exceed guidelines (for an initial trial). Therefore, based on guidelines and a review of the evidence, the request for Physical Therapy, 12 visits, 2 per week, for 6 weeks is not medically necessary.

Aquatic Therapy, 12 visits, 2 visits per week, for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine, Aquatic therapy Page(s): 98, 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Aquatic therapy.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that aquatic therapy is recommended where reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services (objective improvement with previous treatment). ODG identifies visits for up to 10 visits over 8 weeks in the management of intervertebral disc disorders without myelopathy.

ODG also notes 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. Within the medical information available for review, there is documentation of diagnoses of L5-S1 degenerative disc disease with facet arthropathy and ligamentum flavum hypertrophy contributing to lateral recess stenosis causing left S1 radiculopathy and L4-L5 degenerative disc bulge with left L5 radiculopathy. However, there is no documentation of an indication for which reduced weight bearing is indicated (extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). In addition, the requested 12 aquatic therapy treatments exceeds guidelines (for an initial trial). Therefore, based on guidelines and a review of the evidence, the request for Aquatic Therapy, 12 visits, 2 visits per week, for 6 weeks is not medically necessary.