

Case Number:	CM14-0075528		
Date Assigned:	07/16/2014	Date of Injury:	01/22/2009
Decision Date:	09/22/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/23/2014

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:

There were 14 pages provided for review. The request for independent medical review was signed on May 20, 2014. This was for the retrospective physical therapy two times a week for six weeks. Per the records provided, the patient attended physical therapy to the low back from November 14, 2013 to February 28, 2014. As of November 14, 2013, the patient complained of low back pain. There was significant lumbar pain with tingling in the feet. The patient was using Lidocaine patches for relief. On exam, the patient had a normal gait and walked on the toes and heels normally. There was palpation of the paraspinal muscles, but no other recent subjective or objective clinical findings. The patient was very stiff and could barely touch the knees. The patient has had six sessions of therapy to date. The patient had been instructed on a home exercise program. The diagnoses were spinal stenosis of the lumbar region without neurogenic claudication. The mechanism of injury was not available. The patient was using Lidocaine patches for relief. She had an anterior discectomy for interbody fusion on September 7, 2010. She has completed six out of 12 physical therapy visits for the low back. The reviewer noted there was no new information on the condition of the patient. The patient is familiar with a home exercise program and this should be continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x/wk x 6wks low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation ODG Low Back; Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

Decision rationale: The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are 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; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. In addition, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. In addition, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: 1. Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient...Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. 2. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization. This request for more skilled, monitored therapy is not medically necessary.