

Case Number:	CM14-0076807		
Date Assigned:	07/18/2014	Date of Injury:	11/09/2009
Decision Date:	09/26/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/27/2014

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 Family Medicine and is licensed to practice in Ohio. 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 injured workers a 62-year-old female who stated injury date is said to be November 9 of 2009. She developed back pain radiating down both legs with numbness of both lower extremities. She has been treated with facet region injections of L4 through S1 on 10/22/2013 resulting in 90% relief of her axial back pain. An MRI scan of the lower lumbar region revealed essentially normal findings. Electrodiagnostic studies however revealed evidence of recurrent left sciatic neuropathy. A note from July 16, 2014 states that the injured worker received 30% improvement in pain from the combination of Cymbalta and physical therapy and that the injured worker had already received six visits of physical therapy. Eight more visits of physical therapy have been requested. The physical exam is revealed tenderness to palpation of the lumbar spine, a positive straight leg raise test on the left, and intact strength and motor function to the lower extremities. Her diagnoses include facet lumbar arthropathy, lumbosacral spondylosis without myelopathy, asthma, and coronary artery disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xWk (2x per week) x4Wks (x4 weeks) to the low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines Official Disability Guidelines (ODG), Preface: Physical Therapy

Guidelines Official Disability Guidelines- Treatment in Workers' Compensation (ODG-TWC), Online Edition, Low Back- Lumbar and Thoracic Chapter, Physical Therapy (PT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Back Section >, <Physical Therapy>.

Decision rationale: There is strong evidence that physical methods, including exercise and return to normal activities, have the best long-term outcome in employees with low back pain. Direction from physical and occupational therapy providers can play a role in this, with the evidence supporting active therapy and not extensive use of passive modalities. The most effective strategy may be delivering individually designed exercise programs in a supervised format (for example, home exercises with regular therapist follow-up), encouraging adherence to achieve high dosage, and stretching and muscle-strengthening exercises seem to be the most effective types of exercises for treating chronic low back pain. The guidelines are quite clear that this should be formal reassessment after completing a six visits trial of physical therapy. The guidelines go on to suggest a maximum of 10 physical therapy visits for most of the diagnoses associated with chronic back pain. Those who have had back surgery have allowances for greater numbers of visits with physical therapy. In this instance, there have been no notes included from physical therapy to gauge the injured worker's response. There has been no statement from the treating physician regarding the injured worker's functional status as result of physical therapy. Lastly, the request for physical therapy 2xWk (2x per week) x4Wks would cause the total number of physical therapy visits to be 14 which exceeds the maximum allowable of 10. Therefore, physical therapy 2xWk (2x per week) x4Wks is not medically necessary for the above guidelines.