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| Case Number: | CM14-0078291 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 04/26/1997 |
| Decision Date: | 08/25/2014 | UR Denial Date: | 04/22/2014 |
| 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 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:

According to the records made available for review, this is a 63-year-old with a April 26, 1997 date of injury, and status post laminectomy and fusion L4-5 and L5-S1 February 2001, and status post metallic implant removal in 2004. At the time (4/7/14) of request for authorization for Physical Therapy three times weekly for two weeks-Lumbar, there is documentation of subjective (7-8/10 cervical and lumbar spine pain described as aching, burning, and popping, and electric pain in right hip) and objective (abnormal posturing and shifting and antalgic gait) findings, current diagnoses (lumbar post-laminectomy syndrome and cervical disc degeneration), and treatment to date (physical therapy (which decreased his pain and increased his function in regards to walking, exercising, stretching) and medications (including ibuprofen, tramadol, and lidoderm patches)). The number of previous physical therapy sessions cannot be determined.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar spine, three times weekly for two weeks: Upheld

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

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.

Decision rationale: The Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed ten visits over four to eight 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 lumbago not to exceed nine visits over eight 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 lumbar post-laminectomy syndrome and cervical disc degeneration. In addition, there is documentation of previous physical therapy. Furthermore, given documentation of decreased pain and increased function in regards to walking, exercising, and stretching with previous physical therapy, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of physical therapy provided to date. However, there is no documentation of the number of previous physical therapy treatments and, if the number of treatments have exceeded guidelines, remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines. Therefore, based on guidelines and a review of the evidence, the request for Physical therapy for the lumbar spine, three times weekly for two weeks, is not medically necessary or appropriate.