

Case Number:	CM13-0019548		
Date Assigned:	10/11/2013	Date of Injury:	03/06/1992
Decision Date:	04/01/2015	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/03/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 64 year old female sustained a work related injury on 03/06/1992. According to session #5 of physical therapy on 07/08/2013, the injured worker was seen for back pain. She reported that she was sore but still did most of her home exercise program. The injured worker was noted to be progressing very slowly toward goals. She was able to perform all exercises without complaint. According to a progress report dated 07/25/2013, the injured worker continued to complain of some neck, shoulder and low back spasms. She was concerned that her medications were not helping her and that she may need further interventions. Treatment plan included consultation by an internal medicine doctor, continued physical therapy and see interventional pain management. The injured worker was noted to have 12 sessions of physical therapy left and felt she would benefit from more. On 08/20/2013, Utilization Review non-certified physical therapy session for the low back 3 x 4. According to the Utilization Review physician, the injured worker had been receiving physical modalities for 7 months which included a variety of modalities included an intensive rehabilitation program. There had been additional outpatient and inpatient physical therapy. The recent notes did not indicate progress with physical therapy. It was unclear what would be accomplished with physical therapy 7 months post-surgery. It was unclear why a home based exercise program would not suffice. CA MTUS Chronic Pain Medical Treatment Guidelines pages 98-99 were referenced for the request. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the low back 3X4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The patient presents with low back pain rated 7/10. The request is for PHYSICAL THERAPY FOR THE LOW BACK, 3x4. Patient is status post laminectomy at L4 and L5, date unspecified. Patient's diagnoses per RFA dated 07/26/13 included status post lumbosacral decompression and fusion. Physical examination to the lumbar spine revealed tenderness to palpation and decreased range of motion, especially on extension 15 degrees. Per treater report dated 08/15/13, prior treatments included physical therapy, TENS unit, ESI, pain management and spine surgery. Patient's work status is unavailable. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Treater did not provide reason for request, nor provided a complete treatment history addressing benefits. Given patient's diagnosis, a short course of physical therapy would be indicated. However, treater does not discuss any flare-ups, explain why on-going therapy is needed, or reason the patient is unable to transition into a home exercise program. UR letter dated 08/20/13 states "... Patient has received 12 physical therapy sessions..." Furthermore, the request for additional 12 sessions would exceed what is allowed by MTUS for the patient's condition. Therefore, the request IS NOT medically necessary.