

Case Number:	CM14-0008866		
Date Assigned:	02/12/2014	Date of Injury:	07/04/2011
Decision Date:	03/06/2015	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/21/2014

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. 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: New Jersey

Certification(s)/Specialty: Family Practice

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 worker is a 38 year old male who sustained an industrial injury on 07/04/2011. He was treated for the back injury but had continued pain in the low back. In January of 2013 in review of a thoracic spine MRI, it was found that he had a spinal cord tumor extending from T8 to T10. The IW had surgery for removal of this tumor in January 2013. His diagnoses have included :1. Status post tumor removal in the thoracic spine with thoracic with radiculopathy in the T7 and T 8 dermatomes, more prevalent on the right.2. Lumbar musculoligamentous injury with disc protrusion L4-L5 and L5-S1.3.Right Lower extremity lumbar radiculopathy , which is severe.4.Anxiety and depression.5. Sleep disorder.According to the orthopedic consultation and review of 10/03/2013, he has reported low back pain radiating down the lower extremities shin area, right lower extremity numbness to the knee, and insomnia. The IW states that prolonged standing, walking and sitting activities increase the pain. Treatment to date has included surgery, physical therapy, and pain management . The IW has also had one epidural steroid injection. Currently, (as of 10/2013) the IW complained of pain when walking, and numbness and tingling in the lower extremities. The IW has insomnia. Straight Leg Raise caused pain bilaterally. As of 10/03/2013, the IW was not permanent and stationary. The plan from the medical examiner was to request authorization for medical support in attempt to control his pain, request a a visit with the pain management specialist ,request a trial of acupuncture, and request a 30 day trial of H-wave treatment. A sleep study was requested, and the IW received an injection for pain. On 12/19/2013 Utilization Review non-certified a request for physical therapy 2 times a week for 8 weeks for the lower back , noting the California Medical Treatment Utilization Schedule (CA

MTUS) Physical Medicine Guidelines and Official Disability Guide-Treatment in Worker's Compensation (ODG-TWC) Low Back, Physical therapy (PT), Lumbar sprains and strains were cited. On 01/21/2014, the injured worker submitted an application for IMR for review of the decision to non-certify the physical therapy 2 times a week for 8 weeks for the lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES A WEEK FOR 8 WEEKS LOWER 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 Official Disability Guidelines, Low Back, Physical therapy (PT), Lumbar sprains and strains

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

Decision rationale: Physical therapy in the form of passive therapy for the lower back is recommended by the MTUS Guidelines as an option for chronic lower back pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for lower back pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, earlier in his treatment for his 2011 injury, he attended only 3 sessions of physical therapy due to him noting exacerbation of his condition and due to the distance from the facility. Many months later, physical therapy is again being recommended. However, the number of supervised sessions (16) is beyond the recommended total number of visits (10). A request for up to 3-4 supervised sessions might be more reasonable to assess for functional benefit before continuing them. Therefore, the physical therapy 2 times a week for 8 weeks for the lower back will be considered medically unnecessary at this time.