

Case Number:	CM14-0104639		
Date Assigned:	08/04/2014	Date of Injury:	02/12/2009
Decision Date:	03/24/2015	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/07/2014

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: California

Certification(s)/Specialty: Internal Medicine

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 63 year old male, who sustained an industrial injury on 2/12/2009. The current diagnoses are discogenic sciatic radiculopathy, mechanical low back pain syndrome, loss of motion segment integrity of the lumbar spine, and abnormal posture/flexion antalgia. Currently, the injured worker continues to have sharp low back pain and right lower extremity pain to the L5 and S1 distributions upon getting up from a seated position. He notes progress with respect to low back pain by virtue of a reduction of limping gait and improved capacity for activities of daily living. On a subjective pain scale, his low back pain is 7-8/10 at the exacerbated levels, but typically has pain with well-controlled activities in the 5-6/10 range, this represents an interval improvement. Treatment to date has included physical therapy, chiropractic, and acupuncture. The treating physician is requesting 12 physiotherapy sessions to the lumbar spine, which is now under review. On 6/6/2014, Utilization Review had non-certified a request for 12 physiotherapy sessions to the lumbar spine. The physiotherapy was modified to 6 sessions. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

OTHER PHYSIOTHERAPY 3 X 4 LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT) Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Pain (Chronic) Physical medicine treatment. Preface, Physical Therapy Guidelines. Low Back - Lumbar & Thoracic (Acute & Chronic) Physical therapy (PT).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six-visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) recommends 9 visits of physical therapy (PT) for lumbago and backache. The primary treating physician's progress report dated 5/21/14 documented low back pain. Functional improvement with past physical therapy visits were not documented. The request for physiotherapy three times a week for four weeks (12) for the lumbar spine exceeds ODG guidelines and is not supported. Therefore, the request for physiotherapy physiotherapy three times a week for four weeks (12) is not medically necessary.