

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0189943 | | |
| Date Assigned: | 11/21/2014 | Date of Injury: | 04/01/2013 |
| Decision Date: | 01/08/2015 | UR Denial Date: | 10/17/2014 |
| Priority: | Standard | Application Received: | 11/13/2014 |

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 New Jersey. 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 worker is a 49 year old male who was injured on 4/1/2013 while lifting a water heater. He was diagnosed with lumbar herniated disc, lumbar radiculopathy, and lumbar spondylosis. He also had a significant history of morbid obesity. He was treated with home exercise therapy, ice packs, medications, injections, and more than 12 sessions of physical therapy (some of which helped, and some of which actually caused his pain to worsen). On 10/9/14, the worker was seen by his orthopedic physician for a follow-up reporting worsening symptoms with a reported pain level of 5/10 on the pain scale and an incident of feet numbness one night. He showed interest in surgical intervention. He reported having lost a 5 pounds since the last appointment, but that he is struggling with weight loss in general. He was then recommended additional physical therapy as the provider thought that this would "further help with the weight loss and pain."

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY, UNSPECIFIED FREQUENCY, LUMBAR SPINE: Upheld

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

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. In the case of this worker, there was evidence of success with previous physical therapy, however, there was also a report of having worsened with physical therapy at one instance. There was report of being recommended home exercises, however, there was insufficient evidence to suggest he was performing these exercises around the time of this request and if he had difficulty performing them as this was not reported in the progress notes. This worker at this point, many months past his injury, should be able to handle home exercises for maintenance and treatment of minor flare-ups of low back pain as he has already exhausted his recommended number of sessions of supervised passive physical therapy. Therefore, the additional physical therapy sessions are not medically necessary and are not likely to assist the worker at losing more weight, in the opinion of the reviewer. The goal for this worker should be dietary and possibly psychological intervention in order to assist him with weight loss.