

Case Number:	CM14-0192966		
Date Assigned:	11/26/2014	Date of Injury:	11/04/2013
Decision Date:	01/13/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/18/2014

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 West Virginia and Ohio. 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:

This is a 50 year old male with a work related injury dated 11/04/2013 when he twisted himself after getting off a car during his shift as a [REDACTED]. According to a progress report dated 08/26/2014, the injured worker had presented with complaints of ongoing problems with his thoracolumbar spine, as well as flare ups with attempts to increase activity. Diagnoses included left lumbar radiculopathy, thoracic strain, lumbar strain, lumbar disc protrusions L4-5, L5-S1, and thoracic disc protrusions T7-8-9-10. Treatments have consisted of Physical Therapy and medications. A Physical Therapy note dated 10/24/2014 states that it was the injured workers' 20th visit to treat lumbago. It also states that the injured worker had improved functional activities, increased strength, increased range of motion, and decreased pain. According to an initial pain management report dated 10/10/2014, diagnostic testing included an MRI of the lumbar spine that showed L5-S1 3mm protrusion with possible impingement of his L5 and S1 nerve roots with L4-5 4mm disc protrusion. Work status is noted as temporarily totally disabled. On 11/04/2014, Utilization Review non-certified the request for Physical Therapy 2 times a week for 4 weeks to Lumbar Spine citing Official Disability Guidelines and Chronic Pain Medical Treatment Guidelines. The Utilization Review physician stated that the injured worker had prior Physical Therapy and additional visits would further exceed the recommended guidelines. Additionally, Physical Therapy visits are not necessary as there is no indication that a home exercise program and use of modalities would be insufficient to address the remaining deficiencies in range of motion and strength, as well as pain and tenderness to palpation. There is no evidence of acute flare of symptoms to support continued care to address the ongoing complaints and refresh the injured worker's knowledge in a self-directed home exercise program. Therefore, the Utilization Review 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 2 Times Per Week For Four Weeks To Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment In Workers Compensation (TWC) Low Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a "six-visit clinical trial" of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. Medical records indicate longterm past use of physical therapy that are in excess of the established guidelines. Further there is no evidence in the available record of therapeutic trial early in the course or of what the current goals for physical therapy are (i.e weaning to a home exercise program). Given the prior number of physical therapy sessions and limited documentation, the request for 8 sessions of PT is deemed not medically necessary.