

Case Number:	CM14-0193214		
Date Assigned:	12/01/2014	Date of Injury:	03/08/2000
Decision Date:	01/13/2015	UR Denial Date:	10/24/2014
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 Montana. 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 injured worker has a date of injury of 3/8/00 when some boxes fell on her. She has a history of chronic low back pain since the injury. She did have a L5-S1 fusion in 2007 with hardware removal in 2008. Neither surgery provided relief for her chronic back pain. Other treatment has included physical therapy including postoperative therapy, chiropractic treatment, massage and aquatic therapy, TENS unit and medications. Her current diagnoses are low back pain and myofascial back pain. The primary treating physician has requested physical therapy for the lower back 3 times per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lower back, 3x6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Physical therapy, pages 98-99

Decision rationale: The MTUS notes that physical medicine is recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the

part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Physical Medicine Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 [REDACTED]): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 [REDACTED]) 8-10 visits over 4 weeks. The ODG Physical Therapy Guidelines allow for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home PT. Lumbar sprains and strains (ICD9 [REDACTED]): 10 visits over 8 weeks Sprains and strains of unspecified parts of back (ICD9 [REDACTED]): 10 visits over 5 weeks Sprains and strains of sacroiliac region (ICD9 [REDACTED]): 10 visits over 8 weeks Lumbago; Backache, unspecified (ICD9 [REDACTED]): 9 visits over 8 weeks Intervertebral disc disorders without myelopathy (ICD9 [REDACTED]): 10 visits over 8 weeks Post-injection treatment: 1-2 visits over 1 week Post-surgical treatment (discectomy/laminectomy): 16 visits over 8 weeks Post-surgical treatment (arthroplasty): 26 visits over 16 weeks Post-surgical treatment (fusion, after graft maturity): 34 visits over 16 weeks Intervertebral disc disorder with myelopathy (ICD9 [REDACTED]) 10 visits over 8 weeks Spinal stenosis (ICD9 [REDACTED]): 10 visits over 8 weeks Sciatica; Thoracic/lumbosacral neuritis/radiculitis, unspecified (ICD9 [REDACTED]): 10-12 visits over 8 weeks. In this case the request for 18 visits over 6 weeks for chronic low back pain exceeds the number of visits recommended in the MTUS and ODG guidelines. The request for Physical therapy for the lower back, 3x6 is not medically necessary.