

Case Number:	CM14-0194643		
Date Assigned:	12/02/2014	Date of Injury:	05/01/2013
Decision Date:	01/14/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	11/20/2014

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 Internal Medicine, has a subspecialty in Rheumatology, Allergy and Immunology and is licensed to practice in Texas. 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 43 year old female with a date of injury of 05/01/2013 being treated for lumbar herniated nucleus pulposus and radiculopathy. Subjective complaints include back pain mainly in the lower lumbar spine with distal radiation into the bilateral lower extremities with no numbness or weakness. Objective findings include forward flexion of 60 degrees, extension of 20 degrees, right lateral bending of 25 degrees, left lateral bending of 25 degrees, back pain with all movements and pain on palpation across the waist. MRI of lower back on 07/10/2013 demonstrates a L4-5 3mm posterior disc protrusion and L5-S 3mm to 4 mm posterior disc protrusion. Treatment has consisted of trigger point cortisone injections, medications (Norco 10/325, Diclofenac sodium 100mg, Orphenadrine 100mg, Pantoprazole sodium 20mg) and previous physical therapy for cervical and lumbar spine requested on 02/12/14. Patient is currently working on a modified work schedule. There is no documentation of progress with previous physical therapy sessions or a current home exercise program. Previous Utilization Review (UR) on 11/18/14 for the requested treatment of physical therapy to the lumbar spine; twelve session(3 times a week for 4 weeks) was modified to 3 sessions to instruct on home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy; twelve (12) sessions (3 times a week for 4 weeks), lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Physical Medicine.

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 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. Previous physical therapy for cervical and lumbar spine was requested and allowed for 12 sessions. There is no documentation on the progress of these sessions and no evidence of a direction towards a home exercise program. 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. The requested 12 visits exceeds this recommendation and no information on results from previous trial of physical therapy exists in the records. Medical records indicate that the patient had an initial trial of 12 sessions authorized for cervical and lumbar spine. The patient had returned to work on a modified schedule but there is little documentation on the results of the physical therapy and no progress towards a self directed home exercise program. As such, the request for 12 sessions of physiotherapy is not medically necessary.