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| Case Number: | CM14-0206177 | | |
| Date Assigned: | 12/18/2014 | Date of Injury: | 08/19/1994 |
| Decision Date: | 02/28/2015 | UR Denial Date: | 11/10/2014 |
| Priority: | Standard | Application Received: | 12/09/2014 |

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 42 year old male with a work injury dated 09/19/1994. The mechanism of injury was not documented. He was diagnosed with low back pain. Prior treatments include medications and therapies with no relief. Treatments included physical therapy, injections, TENS unit, medications, back surgery and evaluation by orthopedist and neurologist. The injured worker (IW) had a medical history of diabetes, asthma and, gastritis/GERD. Surgical history included spine surgery in 2007. Physical exam on 10/28/2014 noted tenderness/trigger points of lumbar spine at lumber 4 and 5 with paraspinal spasm over right and left side. The IW was continued on medications. On 10/30/2014, the provider requested physical therapy with E-stim, massage and exercise 3 times per week for 4 weeks (12 sessions) to be performed in office. There is no physical therapy records in the records submitted for review. On 11/10/2014 utilization review issued a decision stating: No objective functional deficits were documented to support the medical necessity of formal physical therapy. Due to the lack of any significant objective functional deficits the medical necessity of formal physical therapy as opposed to instruction in continuation of a home exercise program cannot be deemed medically indicated. The request for additional physical therapy is recommended for non-certification at this time. Guide lines cited were: CA MTUS, ACOEM 2004 OMPG, Low Back, chapter 12. The request was appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy for the lumbar spine, 3 x 4 weeks to include E-stim, massage and exercise: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

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 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 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. No physical therapy records were submitted for review but his treating physician had previously requested 12 sessions of physical therapy. The patient should be familiar with a home exercise program since his date of injury goes back over 10 years. The treating physician has not provided a medial rationale why a home exercise program is not sufficient and additional physical therapy visits are needed at this time. As such, the request for 12 physical therapy for the lumbar spine, 3 x 4 weeks to include E-stim, massage and exercise is not medically necessary.