

Case Number:	CM14-0024124		
Date Assigned:	02/28/2014	Date of Injury:	01/03/2000
Decision Date:	01/29/2015	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/16/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 54 year old employee with date of injury 1/3/00. Medical records indicate the patient is undergoing treatment for sacroilitis, sacroiliac pain, spinal/lumbar degenerative disk disease (DDD), low back pain and shoulder pain. Subjective complaints include lower back pain with radiation to left leg on intermittent basis, numbness and tingling in bilateral legs and feet. The pain is described as constant with moderate to severe intensity. Pain is rated 8/10 without medication and with medication it is 6/10. Patient's sleep quality is fair. Objective complaints include wide based gait; lumbar spine range of motion (ROM) - flexion 45 degrees, extension 10 degrees, right lateral bending 25 degrees, left lateral bending 25 degrees, lateral rotation to the left 40 degrees and lateral rotation to the right 40 degrees; paravertebral muscle tenderness and tight muscle band noted on palpation; spinous process tenderness noted L4-5; tenderness noted over the sacroiliac spine, right sacroiliac joint, straight leg raise negative. The patient's Fabers, Goenslens, Fortins and Stork tests were positive. The lumbar facet loading test is negative bilaterally, the pelvic compression test is positive and the Babinski sign is negative. Treatment has consisted of SI joint injection on the right and an SI joint arthrogram. Medications include Butrans patches, Norco, Flexeril, Gabapentin, Salonpas Patch and MS Contin. Patient has tried physical therapy, acupuncture, TENS unit, Interferential unit and exercises with minimal benefit. Lumbar epidural steroid injection and trigger point injection provided mild relief. A rhizotomy was performed which caused worsening of pain. The utilization review determination was rendered on 1/2/14 recommending non-certification of decision for physical therapy 2 times a week for 6 weeks low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks low back: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back, Physical Therapy

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 previous physical therapy with minimal benefit. In addition, there were no records indicating quantity of visits as well as detailed documentation of effectiveness and functional improvement. Patient should be familiar with a home exercise program as documented in the past. As such, the request for physical therapy 2 times a week for 6 weeks low back is not medically necessary.