

Case Number:	CM14-0210324		
Date Assigned:	12/23/2014	Date of Injury:	11/03/2000
Decision Date:	02/17/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/15/2014

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 Family Practice and is licensed to practice in New Jersey. 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 worker is a 44 year old female who was injured on 11/3/2000 during a bus accident. She was diagnosed with lumbago, neck pain, shoulder pain, arm pain, numbness, and ankle pain/injury. She was treated with ankle brace, medication, left ankle fusion, and physical therapy. On 11/5/14, the worker was seen by her primary treating physician complaining of increased low back pain over the prior two weeks and showed interest in going back to a physical therapist again. She reported physical therapy reducing her pain in the past by about 50% as well as help her to lose weight and increase her strength and endurance. She also reported her medications, including Norco, being helpful and well-tolerated, but required a refill of the Norco that day. She reported her medications helping her to walk for 30 minutes longer than without and allows her to complete her activities of daily living better. She was planning to undergo gastric bypass surgery soon, if cleared. Her pain in her mid and low back, hips, shoulders, upper arms, legs, and head was rated 10/10 on the pain scale. Besides Norco, she also reported using gabapentin and baclofen for her chronic pain. She was then recommended to continue her Norco, gabapentin, and baclofen. She was also recommended to attend additional physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the low back (1-2 x 6): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Physical therapy in the form of passive therapy for the lower back is recommended by the MTUS Guidelines as an option for chronic lower back pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for myositis/myalgia-type lower back pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, had already completed sufficient sessions of physical therapy to be skilled enough to perform exercises without supervision, which should also increase her strength and endurance and help her to lose some weight. There was no evidence to suggest she was requiring supervision again or that she was performing any home exercises. Home exercises are recommended at this stage, as well as dietary intervention for weight loss. The supervised physical therapy, however, is not medically necessary.