

Case Number:	CM14-0086261		
Date Assigned:	07/23/2014	Date of Injury:	10/13/2005
Decision Date:	04/21/2015	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/09/2014

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: California
 Certification(s)/Specialty: Internal Medicine

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 is a 32 year old male, who sustained an industrial injury on October 13, 2005. He reported injury to the lumbar spine. The diagnosis was lumbar spine surgery. Currently, the injured worker complained of lower back pain. The treatment plan included injections, shockwave therapy, physical therapy, chiropractic treatment, follow-up visit, orthopedic mattress with pillow and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional Physical Therapy Visits for the Lumbar Spine, 2 times a week for 6 weeks, as an Outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT) Physical Medicine Pages 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Physical medicine treatment. ODG Preface - Physical Therapy Guidelines. ODG - Low Back - Physical therapy (PT).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six-visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) recommends 9 visits of physical therapy (PT) for lumbago and backache. Per Medical Treatment Utilization Schedule (MTUS) definitions, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. Medical records document that lumbar spine surgery was performed on 2/20/2007. The date of injury was 10/13/2005. Twelve additional physical therapy visits for the lumbar spine were requested. The primary treating physician's progress report dated 3/15/14 did not document functional improvement with past PT physical therapy. No functional improvement with past physical therapy was documented in the 3/15/14 progress report. Therefore, the request for 12 additional physical therapy visits would exceed MTUS and ODG guidelines, and is not supported. Therefore, the request for 12 additional physical therapy visits is not medically necessary.