

Case Number:	CM15-0002150		
Date Assigned:	01/13/2015	Date of Injury:	01/14/2012
Decision Date:	03/11/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	01/05/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 59 year old female who sustained an industrial accident on 01/14/2012. The injured worker has diagnoses of thoracic or lumbosacral neuritis or radiculitis, degeneration of lumbar or lumbosacral intervertebral disc. Treatment has included acupuncture, physical therapy, chiropractic sessions, cognitive behavioral therapy, and medications. The treating provider is requesting post-operative physical therapy 3 times 4 weeks to the low back. The injured worker has pain in the lower back that is sharp and which intermittently radiates down to both hips and knees. There was lumbar tenderness noted upon palpation for the bilateral lumbar paravertebral area and in the spinal vertebral area of L4-S1. The range of motion of the lumbar spine was moderately limited secondary to pain. Pain was significantly increased with flexion and extension. Facet signs in the lumbar spine were present. A progress report dated July 5, 2014 states that the patient has had excessive treatment including physical therapy and still getting worse overall. Physical examination findings reveal non-physiologic processes including positive Waddell's signs. The Utilization Review dated 12/04/2014 Addendum modified the request for physical therapy 3 x 4 weeks to the low back to physical therapy to the low back x 2, citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy 3 times a week for 4 weeks, lower 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), Post-op physical therapy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July. Decision based on Non-MTUS Citation Low Back, Physical Therapy

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Additionally, it is unclear how many therapy sessions the patient has already undergone, making it impossible to determine if the patient has already received the maximum number recommended guidelines for their diagnosis. In light of the above issues, the currently requested additional physical therapy is not medically necessary.