

Case Number:	CM15-0182963		
Date Assigned:	09/23/2015	Date of Injury:	10/09/2013
Decision Date:	11/10/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/17/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 51 year old male, who sustained an industrial injury on 10-9-13. The injured worker was diagnosed as having backache. Treatment to date has included an unknown number of physical therapy sessions, a home exercise program, an unknown number of acupuncture sessions, and medication including Gabapentin and Ibuprofen. Physical examination findings on 8-31-15 included restricted lumbar spine range of motion, positive lumbar facet loading bilaterally, and positive straight leg raising bilaterally. Sensation was intact and deep tendon reflexes were diminished. A MRI was noted to have revealed lumbar degenerative disc disease worst at L5-S1. The treating physician noted the injured worker had been able to avoid narcotic medication with the aid of conservative treatment. The treating physician also noted physical therapy in October 2013 provided the injured worker with no lasting pain relief but only temporary relief. On 8-31-15, the injured worker complained of back pain. The treating physician requested authorization for physical therapy 2x6 and a massage therapy trial x12 sessions to coincide with acupuncture. On 9-8-15, the requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for six weeks, for unspecified body parts, QTY: 12:
 Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, low Back, Physical Therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back physical Therapy.

Decision rationale: Per MTUS CPMTG, physical medicine guidelines state: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." The ODG Preface specifies Physical Therapy Guidelines, "There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of 'passive care' (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end; (5) Patients should be formally assessed after a 'six-visit clinical trial' to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." Per the ODG guidelines: Lumbago; Backache, unspecified (ICD9 724.2; 724.5): 9 visits over 8 weeks. It was noted that the injured worker was previously treated with an unknown number of physical therapy sessions. The injured worker reported no benefit from this treatment. If considered as a new round of treatment, per the guidelines, patients should be formally assessed after a "six-visit clinical trial" to determine whether continuing with physical therapy is appropriate. The request for 12 visits is not appropriate as it exceeds a trial amount and the amount of sessions recommended for backache. The request is not medically necessary.

Massage therapy trial of twelve sessions to coincide with acupuncture, for unspecified body parts, QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy.

Decision rationale: Per the MTUS guidelines with regard to massage therapy: "Recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long-term follow up. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain." As the request is in excess of the recommended number of treatments, medical necessity cannot be affirmed. Therefore, the request is not medically necessary.