

Case Number:	CM15-0202315		
Date Assigned:	10/21/2015	Date of Injury:	10/25/2013
Decision Date:	12/02/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/14/2015

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: Family Practice

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 28 year old male, who sustained an industrial injury on 10-25-2013. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for a fall with a rectal laceration, anal leakage due to sphincter weakness and injury, and lumbar strain or sprain. Medical records (02-26-2015 to 09-14-2015) indicate ongoing rectal pain and fecal leakage. Pain levels were rated 5-8 out of 10 in severity on a visual analog scale (VAS). Records also indicate no changes in activity levels, activities of daily living or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 09-14-2015, revealed mild tenderness to palpation over the midline L5-S1 and over the bilateral lower lumbar muscles, tenderness over the proximal and mid sacral region and bilateral sacroiliac joints, restricted range of motion in the lumbar spine, and severe tenderness to palpation of the perineal region. Relevant treatments have included: 6 sessions of pelvic floor physical therapy (PT) resulting in increased pain, work restrictions, and pain medications. The request for authorization (09-14-2015) shows that the following treatments were requested: 6 session of physical therapy for the lumbar spine and buttocks, and a sacroiliac belt for the buttocks and lumbar spine. The original utilization review (09-16-2015) non-certified the request for 6 session of physical therapy for the lumbar spine and buttocks, and a sacroiliac belt for the buttocks and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy times 6 sessions buttocks, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation ACOEM, Pain & Suffering and the Restoration of Function, Chapter 6 (page 114).

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of physical therapy as a treatment modality. In general, physical therapy is a recommended treatment; however, there are expectations on the number of sessions, the demonstration of objective functional outcomes and the direction towards a home exercise program. Regarding these issues, the MTUS guidelines state the following: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercise program. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks. In this case, the records indicate that the patient has already received approximately 10 sessions of physical therapy. Further, there is no evidence of functional improvement from these prior sessions. At this point, it would be expected that the patient would have been directed towards a home exercise program. There is no evidence provided to indicate why the patient is unable to engage in a home exercise program. In summary, given that the number of physical therapy sessions already received exceeds the MTUS guidelines and there is no evidence that prior sessions have resulted in functional improvement in the patient's symptoms and the lack of explanation as to why the patient is unable to engage in a home exercise program, there is no justification for continued physical therapy. Six sessions of physical therapy to the buttocks and lumbar spine is not medically necessary.

Sacroiliac Belt, buttocks, lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low BackSection: Lumbar Supports.

Decision rationale: The Official Disability Guidelines comment on the use of lumbar supports for the treatment of low back pain. For the treatment of low back pain, evidence-based reviews indicate that lumbar supports are recommended as an option for compression fractures and specific treatment of spondylolisthesis and documented instability. There is no evidence, based on rigorous, scientific studies that strongly support the use of lumbar supports for non-specific low back pain. In summary, the Official Disability Guidelines do not recommend the use of a lumbar support for non-specific low back pain. This patient does not have any of the above listed conditions for which these guidelines recommend its use. Therefore, a sacroiliac belt for the buttocks and lumbar spine is not considered as medically necessary.