

Case Number:	CM15-0202450		
Date Assigned:	10/19/2015	Date of Injury:	04/15/2015
Decision Date:	12/04/2015	UR Denial Date:	09/22/2015
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, 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 45 year old female who sustained an industrial injury on 04-15-2015. A review of the medical records indicated that the injured worker is undergoing treatment for lumbar degenerative disc disease L3 through S1 and L5-S1 annular disc protrusion and tear with mechanical back pain. According to the treating physician's progress report on 08-27-2015, the injured worker continues to experience low back pain and bilateral leg pain into her calf and feet after prolonged sitting and repetitive bending. Examination demonstrated focal tenderness bilaterally over the L3-L4, L4-L5 and L5-S1 posterior spinous processes and paravertebral muscles. The injured worker forward flexes with hands to about her knees at approximately 25 degrees, extension at 10 degrees, bilateral lateral bending at 10 degrees each. There were no focal neurological deficits L2 through S1 to motor and sensory and deep tendon reflexes at patella and Achilles were within normal and symmetric. Prior treatments have included diagnostic testing, physical therapy (10 out of 12 completed as of 08-27-2015) and medications. Current medications were listed as Ultracet, Neurontin, Relafen, Tylenol ES and Prilosec. Treatment plan consists of renewing medications and the current request for physical therapy twice a week for 4 weeks. On 09-22-2015, the Utilization Review determined the request for additional physical therapy twice a week for 4 weeks was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 4 weeks: Upheld

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

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: Lumbar sprains and strains (ICD9 847.2):10 visits over 8 weeks; Sprains and strains of unspecified parts of back (ICD9 847):10 visits over 5 weeks; Sprains and strains of sacroiliac region (ICD9 846): Medical treatment: 10 visits over 8 weeks; Lumbago; Backache, unspecified (ICD9 724.2; 724.5): 9 visits over 8 weeks; Intervertebral disc disorders without myelopathy (ICD9 722.1; 722.2; 722.5; 722.6; 722.8): Medical treatment: 10 visits over 8 weeks; Post-injection treatment: 1-2 visits over 1 week; Post-surgical treatment (discectomy/laminectomy): 16 visits over 8 weeks; Post-surgical treatment (arthroplasty): 26 visits over 16 weeks; Post-surgical treatment (fusion, after graft maturity): 34 visits over 16 weeks; Intervertebral disc disorder with myelopathy (ICD9 722.7) Medical treatment: 10 visits over 8 weeks; Post-surgical treatment: 48 visits over 18 weeks; Spinal stenosis (ICD9 724.0):10 visits over 8 weeks; See 722.1 for post- surgical visits; Per progress report dated 10/8/15, the injured worker had completed a total of 14 sessions of physical therapy. The medical records do not note any exceptional factors or functional improvement which would warrant further physical therapy. At this point the injured worker should have been transitioned to a self-directed home based therapy. The request is not medically necessary.