

Case Number:	CM15-0203545		
Date Assigned:	10/20/2015	Date of Injury:	02/28/2015
Decision Date:	12/01/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/16/2015

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

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 65 year old male, who sustained an industrial injury on 02-28-2015. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for chronic lumbosacral strain or sprain, lumbar degenerative disc disease, lumbar radiculopathy. Medical records (06-01-2015 to 09-14-2015) indicate ongoing severe low back pain radiating to the leg. Pain levels were not rated in severity on a visual analog scale (VAS). The IW also reported ringing in the ears and insomnia. Records also indicate no changes in activity levels 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 restricted range of motion in the lumbar spine. Relevant treatments have included: at least 30 sessions of physiotherapy or chiropractic treatments and physical therapy (PT) without evidence of improvement, work restrictions, and pain medications. The request for authorization (09-17-2015) shows that the following treatments and service were requested: 12 sessions of physiotherapy for the lumbar spine and 12 sessions of physical therapy for the lumbar spine. The original utilization review (09-22-2015) non-certified the request for 12 sessions of physiotherapy for the lumbar spine and 12 sessions of physical therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy 2 x 6, lumbar spine: Upheld

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

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

Decision rationale: Records indicate peer review of 7/13/15 noted the patient has received 30 physiotherapy/chiropractic treatments without functional improvement and noted the patient has not had active PT; thereby, 8 PT visits were authorized. MTUS Guidelines supports chiropractic manipulation for musculoskeletal injury. The intended goal is the achievement of positive musculoskeletal conditions via positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. From records review, the patient had 30 physio/chiropractic visits; however, the medical reports have not demonstrated a reduction in pain level or medical utilization nor is there any reported functional improvement as the patient continues with chronic low back pain under TTD status for this injury. There is no report of acute flare-ups or new red-flag findings nor are there any documented functional benefit derived from treatment already rendered. The Physiotherapy 2 x 6, lumbar spine is not medically necessary and appropriate.

Physical therapy 2 x 6, lumbar spine: Upheld

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

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

Decision rationale: Records indicate peer review of 7/13/15 noted the patient has received 30 physiotherapy/chiropractic treatments without functional improvement and noted the patient has not had active PT; thereby, 8 PT visits were authorized. It is unclear if the patient has completed the authorized PT sessions to the lumbar spine as authorized in July 2015 nor is there any documented functional benefit if any received as a result of these PT sessions. Time-limited care plan with specific defined goals, assessment of functional benefit with modification of ongoing treatment based upon the patient's progress in meeting those goals and the provider's continued monitoring of successful outcome is stressed by MTUS guidelines. Therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. Submitted reports have no acute flare-up or specific physical limitations to support for physical/ occupational therapy. The Chronic Pain Guidelines allow for 9-10 visits of therapy with fading of treatment to an independent self-directed home program. It is unclear how many PT sessions have been completed; however, the submitted reports have not identified clear specific functional improvement in ADLs, functional status, or decrease in medication and medical utilization nor have there been a change in neurological compromise or red-flag findings demonstrated from the formal physical therapy already rendered to support further treatment.

Submitted reports have also not adequately demonstrated the indication to support for excessive quantity of PT sessions for total of 20 visits without extenuating circumstances established beyond the guidelines. The Physical therapy 2 x 6, lumbar spine is not medically necessary and appropriate.