

Case Number:	CM15-0023994		
Date Assigned:	02/13/2015	Date of Injury:	06/13/2013
Decision Date:	04/17/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/09/2015

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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 49-year-old male sustained an industrial injury to the low back on 6/14/13. Previous treatment included lumbar fusion at L5-S1 (3/14/14), physical therapy, acupuncture and medications. In the most recent PR-2 dated 9/19/14, the injured worker complained of marked worsening of low back pain, rated 7-8/10 on the visual analog scale with radiation down the left leg. Right leg pain had resolved following surgery. Physical exam was remarkable for tenderness to palpation at the left superior iliac crest with a focal trigger point. The injured worker stood with a list and walked with a limp. Range of motion was diminished. Current diagnoses included spondylolisthesis/pars defect at L5-S1 with broad based disc protrusion and foraminal stenosis and anterior posterior spinal fusion lumbar spine L5-S1 with decompression on 3/4/14. The injured worker received a trigger point injection with marked improvement. The treatment plan included physical therapy twice a week for six weeks, ice to the affected area and medications (Cyclobenzaprine, Norco and Tramadol). In a qualified medical evaluation dated 12/15/14, the physician noted that the injured worker had received 12 sessions of physical therapy and six weeks of acupuncture postoperatively and recommended additional acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (12-sessions, 2 times a week for 6 weeks for the lumbar spine): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a six-visit clinical trial of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. Medical records indicate there have been past sessions of physical therapy, but no detail on the results and what the plan would be for further sessions. Therefore, the request for Physical therapy 2 times a week for 6 weeks for the lumbar spine is not medically necessary.