MAXIMUS Federal Services

Case Number:	CM15-0028659		
Date Assigned:	02/20/2015	Date of Injury:	11/07/2007
Decision Date:	04/07/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/17/2015

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: Maryland, Texas, Virginia
Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 31 year old male, who sustained an industrial injury on 11/7/07. He has reported back pain. The diagnoses have included lumbago, spasm of muscle, therapeutic drug monitoring, and long term use of medications, chronic pain syndrome, obesity and hypertension. Treatment to date has included disc replacement in 2010, physical therapy and oral medications. Currently, the injured worker complains of chronic back pain and low back spasms. Progress note dated 1/23/15 revealed 75-80% reduction in pain with Norco and prior decrease in pain and increased mobility with physical therapy. Tenderness is noted on palpation over lumbar sacral spine, tenderness at the facet joint at L4-5 and L5-S1 bilaterally, lumbar paraspinal spasm on left and right and pain with extension and rotation of spine. On 1/21/15 Utilization Review non-certified 12 physical therapy sessions modified to 6 physical therapy sessions, noting the requested 12 sessions exceed guidelines. The MTUS, ACOEM Guidelines, was cited. On 1/30/15, the injured worker submitted an application for IMR for review of 12 physical therapy sessions modified to 6 physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Physical Therapy, 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 initial trial used in 2012 of 6 visits. The patient is having recurrence of symptoms 3 years later and would require another trial prior to additional session. An initial 6 trial as noted in the previous UR is reasonable. As such, the request for 12 sessions of physiotherapy is not medically necessary.