MAXIMUS Federal Services

Case Number:	CM15-0212849		
Date Assigned:	11/02/2015	Date of Injury:	07/01/1999
Decision Date:	12/21/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/29/2015

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 was a 55 year old male, who sustained an industrial injury, July 1, 1999. The injured worker was undergoing treatment for chronic low back pain with left lower extremity dysesthesias and or possible radiculitis and previous L5S1 left sided disk herniation. According to progress note of October 9, 2015, the injured worker's chief complaint was lower back and left lower extremity pain with some neck pain. The injured worker reported aching, numbness, and tingling down the left lower extremity. The pain was made worse by standing, bending forward. The pain was rated 3 out of 10, the pain ranged from 4 out of o10 to 8 out of 10. The objective findings were no tenderness noted at the lumbar spine, midline, and right side. However there was mild tenderness at the left lumbosacral junction. There was full range of motion of the truck flexion, extension, rotation and lateral bending. The injured worker reported discomfort across the back with truck flexion and extension. The provocative tests were the straight left raises, seated straight leg raises, Patrick's test, external and internal rotation of the hips were negative. The injured worker previously received the following treatments chiropractic services, Gabapentin and lumbar spine MRI. The RFA (request for authorization) dated the following treatments were requested physical therapy 2-3 times a week for 3-4 weeks for the lumbar spine. The UR (utilization review board) denied certification on October 19, 2015; for the physical therapy 2-3 times a week for 3-4 weeks for the lumbar spine.

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 3-4 weeks for the lumbar spine: Overturned

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

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 Lumbago; Backache, unspecified (ICD9 724.2; 724.5):9 visits over 8 weeks Per the guidelines, patients should be formally assessed after a "six-visit clinical trial" to determine whether continuing with physical therapy is appropriate. I respectfully disagree with the UR physician's assertion that a lack of progressive neurological deficits or intractable pain is an exclusionary criteria for physical therapy. This is not stated in the guidelines. It is noted that the injured worker was previously treated with chiropractic manipulation, but there is no mention in the medical records that physical therapy was previously attempted. As such, physical therapy is indicated for the injured worker's low back pain. The request is medically necessary.