

Case Number:	CM15-0213531		
Date Assigned:	11/03/2015	Date of Injury:	05/26/2014
Decision Date:	12/15/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/30/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

The injured worker is a 62-year-old male, who sustained an industrial injury on 5-26-2014. Diagnoses include right lumbosacral radiculopathy, lumbar disc extrusion with cauda equina compressions, stenosis, and flattening of lumbar nerve root, lumbar disc protrusion, no evidence of cauda equina syndrome, status post lumbar surgery and decompression on 4-15-15. Treatments to date include activity modification, medication therapy, chiropractic therapy, and epidural steroid injection. On 10-7-15, he complained of ongoing right sided low back pain. A recent Medrol Dosepak was noted to be ineffective at decreasing symptoms. Medications listed included Pamelor, Norco, Etodolac, and Motrin as needed. The physical examination documented positive facet loading maneuvers on the right side with tenderness in lumbar muscles and right lower lumbar facet joints. There was pain noted with FABER test, thigh thrust, Gaenslen's maneuver and straight leg test on the right side. The provider documented no prior physical therapy was provided despite approval for therapy sessions due to being scheduled for surgery. The plan of care included physical therapy for the lumbar spine pain. The appeal requested authorization for eight physical therapy sessions, twice per week for four weeks, treating the lumbar spine. The Utilization Review dated 10-16-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, lumbar spine, 2 times weekly for 4 weeks, 8 sessions: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back-Physical therapy (PT).

Decision rationale: Physical therapy, lumbar spine, 2 times weekly for 4 weeks, 8 sessions is medically necessary per the MTUS Guidelines and the ODG. The MTUS Chronic Pain Medical Treatment Guidelines recommend up to 10 visits for this patient's condition. The ODG states that there is strong evidence that physical methods, including exercise and return to normal activities, have the best long-term outcome in employees with low back pain. The ODG states that direction from physical therapy providers can play a role in this, with the evidence supporting active therapy and not extensive use of passive modalities. The most effective strategy may be delivering individually designed exercise programs in a supervised format (for example, home exercises with regular therapist follow-up), encouraging adherence to achieve high dosage, and stretching and muscle-strengthening exercises seem to be the most effective types of exercises for treating chronic low back pain. The documentation does not reveal that the patient has had prior therapy. The patient would benefit from 8 sessions of PT to ensure proper instruction in low back exercises with a transition to an independent home exercise program. This request is medically necessary.