

Case Number:	CM15-0213751		
Date Assigned:	11/03/2015	Date of Injury:	11/25/2014
Decision Date:	12/22/2015	UR Denial Date:	10/06/2015
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: 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 is a 44 year old female who sustained an industrial injury on 11-25-14. The injured worker reported back pain. A review of the medical records indicates that the injured worker is undergoing treatments for lumbar disc herniation, right lower extremity radicular pain and status post microdiscectomy. Medical records dated September of 2015 indicate pain rated at 6 out of 10. Provider documentation dated September of 2015 noted the work status as remain off work until 11-2-15. Treatment has included lumbar spine magnetic resonance imaging, radiographic studies, chiropractic treatments, Tylenol number 3 since at least January of 2015, Flexeril since at least January of 2015, Mobic since at least January of 2015 and Norco since at least January of 2015. Objective findings dated September of 2015 were notable for lumbar spine with decreased range of motion, tenderness to palpation bilateral to lumbar spine with left sided hypertonicity, positive straight leg raise on the right. The original utilization review (10-6-15) partially approved a request for 12 sessions of physical therapy to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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.

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. Sprains and strains of sacroiliac region (ICD9 846): Medical treatment: 10 visits over 8 weeks. Per the documentation submitted for review, the injured worker has previously undergone physical therapy 2/2015. Further physical therapy was authorized 8/2015. The injured worker indicated that she had completed 10 sessions. At this time, the injured worker should have been transitioned to a self-directed home based therapy. Furthermore, the requested 12 sessions is in excess of the guidelines, therefore is not medically necessary.