

Case Number:	CM15-0213869		
Date Assigned:	11/03/2015	Date of Injury:	08/16/1999
Decision Date:	12/22/2015	UR Denial Date:	10/29/2015
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 65 year old female, who sustained an industrial injury on 8-16-09. The injured worker was diagnosed as having extensive degenerative disc disease lumbar; facet arthropathy lumbar spine; lumbar radiculopathy bilateral lower extremities, Grade I spondylolisthesis L5 on S1. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 9-10-15 indicated the injured worker presents to this office for pain management evaluation follow-up. She reports she has been experiencing increased back pain. She reports she has been working more and increased her activity level at home. The back pain refers to the front and into the groin and her symptoms include pain, numbness, tingling and spasms. The provider notes her current level of pain "is states as 5 out of 10 in intensity. Over the past month, her highest level of pain was an 8 out of 10, her lowest 4 out of 10 and her average a 5 out of 10 in intensity. She continues to work and finds the medications remain effective in keeping her pain at a more tolerable level." Her current medications are listed as: "Lyrica 150mg, Lyrica 50mg; Tramadol 50mg and Nucynta ER 50 mg." She has a clinical history of diabetes and high cholesterol and no spinal surgery. A MRI scan of the lumbar spine dated 6-4- 14 was reviewed by the provider noting "L2-3 disc bulge with bilateral foraminal narrowing; L3- 4 Grade I retrolisthesis, disc bulge with severe central and foraminal narrowing; L4-5 -6mm disc bulge with severe central and foraminal narrowing." On physical exam, the provider notes "tenderness at the lumbosacral junction, flexion normal; extension limited to 10 degrees with pain on extension. Back pain is readily provoked with extension which is consistent

dated 6-10-15 indicates in the treatment plan the injured worker "will be referred for physical therapy 2x4, given the fact that the patient is highly deconditioned." However, the following PR-2 note dated 6-17-15 does not mention physical therapy and subsequent documentation does not contain reference to physical therapy completion or benefit of this requested service. A Request for Authorization is dated 10-30-15. A Utilization Review letter is dated 10-29-15 and non-certification for Physical Therapy to the Lumbar Spine, 3 Times Weekly for 4 Weeks x 12. A request for authorization has been received for Physical Therapy to the Lumbar Spine, 3 Times Weekly for 4 Weeks x 12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy to the Lumbar Spine, 3 Times Weekly for 4 Weeks QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Edition, Low Back Chapter, Physical Therapy.

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 Lumbago; Backache, unspecified (ICD9 724.2; 724.5): 9 visits over 8 weeks Per the medical records submitted for review, the injured worker has completed at least 8 sessions of physical therapy as of 8/2015. It was noted that she made progress with physical therapy, however, there was no documentation of specific objective functional improvement. Additionally, at this point, the injured worker should have been transitioned to self-directed home based therapy. Furthermore, the requested 12 sessions is in excess of the guideline recommendations. The request is not medically necessary.