

Case Number:	CM15-0214644		
Date Assigned:	11/04/2015	Date of Injury:	07/05/2014
Decision Date:	12/23/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	11/02/2015

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 33 year old male, who sustained an industrial injury on 7-5-2014. Medical records indicate the worker is undergoing treatment for lumbar laminectomy. A recent progress report dated 8-19-2015, reported the injured worker complained of low back pressure and left buttock pain rated 9 out of 10. Physical examination revealed tenderness to the lumbar paraspinal muscles down into the left gluteus. Lumbar magnetic resonance imaging on 9-4-2015 showed persistent or recurrent lumbar 5-sacral 1 disc protrusion with mild central canal narrowing and mild left neural foraminal narrowing. Treatment to date has included surgery, 20 sessions of chiropractic care, unknown number of physical therapy visits and medication management. The physician is requesting Physical Therapy x 12 visits for the lumbar spine. On 10-12-2015, the Utilization Review noncertified the request for Physical Therapy x 12 visits 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 x 12 visits for the lumbar spine: Upheld

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

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; Lumbago; Backache, unspecified (ICD9 724.2; 724.5): 9 visits over 8 weeks; Intervertebral disc disorders without myelopathy (ICD9 722.1; 722.2; 722.5; 722.6; 722.8): Medical treatment: 10 visits over 8 weeks; Post-injection treatment: 1-2 visits over 1 week; Post-surgical treatment (discectomy/laminectomy): 16 visits over 8 weeks. Per the medical records, it was noted that the injured worker is status post lumbar laminectomy 4/9/15. It was noted that the injured worker has previously completed 22 visits of chiropractic therapy and 10 visits of physical therapy. As the requested physical therapy is in excess of the guidelines, medical necessity cannot be affirmed.