

Case Number:	CM15-0223429		
Date Assigned:	11/19/2015	Date of Injury:	06/06/2014
Decision Date:	12/31/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/13/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 51-year-old male, with a reported date of injury of 06-06-2014. The diagnoses include lumbar radiculopathy, lumbar disc protrusion with mechanical back pain, right lower extremity radiculitis, mild left sacroiliitis, and lumbar myospasm. The progress report dated 08-07-2015 indicates that the injured worker continued to have pain in his low back and lower extremities. The pain seemed to be primarily on the right but also on the left. The objective findings include focal tenderness at the L4-5 and L5-S1 level and the right superior iliac crest and lateral iliac crest and intact motor strength testing. The injured worker has been instructed to remain off work until 08-28-2015. The progress report dated 08-28-2015 indicates that the injured worker had relief of symptoms in his feet after an L2-3 and L3-4 transforaminal epidural block; however, he still had back pain. The objective findings include tenderness along the base of his lower back along the superior iliac crest; a band of tightness around the left thigh; and intact motor strength testing. The injured worker has been instructed to return to modified work. It was noted that the injured worker had completed 4-6 sessions of physical therapy since the onset of his injury. The treating physician recommended additional physical therapy to work on core strengthening, trunk stabilization, and neutral spine program. The medical records included physical therapy note for 02-02-2015 and 02-09-2015. The diagnostic studies to date have included an MRI of the lumbar spine in 07-2014, which showed mild bilateral facet degenerative changes at L2-3, L3-4, and L4-5, mild disc desiccation and disc space narrowing at L2-3, ligamentum flavum hypertrophy at L3-4, and mild disc desiccation at L4-5. Treatments and

evaluation to date have included transforaminal right-sided epidural block and selective nerve root block at L2-3 and L3-4 on 08-13-2015, right L4-5 and L5-S1 transforaminal steroid injections on 06-02-2015, Norflex, and Norco. The request for authorization was dated 09-24-2015. The treating physician requested physical therapy to the lumbar spine, two times a week for six weeks. On 10-28-2015, Utilization Review (UR) non-certified the request for physical therapy to the lumbar spine, two times a week for six weeks.

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 6 weeks for lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommend as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a "six-visit clinical trial" of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. Medical records indicate a trial of physical therapy was completed but objective and subjective improvements are not documented to warrant additional sessions. Additionally, the requested 12 visits is in excess of guideline recommendations. As such, the request for Physical therapy 2 times a week for 6 weeks for lumbar is not medically necessary.