

Case Number:	CM15-0033897		
Date Assigned:	02/27/2015	Date of Injury:	04/21/2008
Decision Date:	04/15/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	02/23/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 40 year old male who sustained a work related trip and fall injury to his left hip on April 21, 2008. The injured worker is status post total hip replacement t on October 9, 2012. The injured worker was diagnosed with lumbar degenerative disc disease, status post hip replacement, chronic back pain, depressive disorder and panic disorder. According to the physician's report on January 14, 2015 the injured worker still has low back and hip pain. Examination noted spasm and guarding in the lumbar spine. The injured worker is able to reduce pain by 50% and perform activities of daily living including home exercise program with the help of the medication. On February 10, 2015, the injured worker presented for persistent chronic low back pain radiating down the left lower extremity to his toes with numbness and tingling. No assistive devices are used by the injured worker. His gait was noted to be antalgic. Current medications are listed as Norco, Gabapentin, Flexeril, Mirtazapine and topical analgesics. Treatment modalities consist of home exercise program and medications. The treating physician requested authorization for 12 sessions of Physical Therapy for the low back 2 times per week for 6 weeks. On February 19, 2015, the Utilization Review denied certification for 12 sessions of Physical Therapy for the low back 2 times per week for 6 weeks. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines, American College of Occupational and Environmental Medicine (ACOEM) and Official Disability Guidelines (ODG).

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 for the low back 2 times per week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Work Loss Data Institute, LLC: Corpus Christi, TX, www.odg-twc.com; Section: Low Back- Lumbar & Thoracic (Acute & Chronic) (updated 1/30/2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The request is for 12 sessions of physical therapy for the low back. Per 12/16/14 progress report, the patient is in the process of having a left hip replacement surgery. Work status is not known For non-post- operative therapy treatments, MTUS guidelines page 98 and 99 allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. In this case, given the injury that dates back to 2008 it is likely that the patient has had some therapy, particularly with the recommendations of left hip surgery and lumbar surgery. None of the reports specifically discuss how many sessions of therapy the patient has had, how the patient has responded to therapy or why the patient is unable to transition into a home program. The treater requested for physical therapy "to build core muscles and strengthening and prevent further worsening of pain." "[The treater] will request lumbar surgical consultation if the patient fails physical therapy." A short course of therapy may be reasonable to address the patient's chronic and persistent symptoms to avoid lumbar surgery. However, the requested 12 sessions of therapy exceed what is recommended by MTUS for non-post-operative physical therapy. The request IS NOT medically necessary.