

Case Number:	CM15-0043472		
Date Assigned:	03/13/2015	Date of Injury:	11/01/2012
Decision Date:	04/17/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/06/2015

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: Preventive Medicine, Occupational 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 53-year-old female, who sustained an industrial injury on 11/01/2012. She reported sustaining injury to the lumbar spine, right foot and heel, and suffers from headaches, neurologic symptoms and gastrointestinal symptoms. The injured worker was diagnosed as having anterolisthesis Grade I to the lumbar spine at lumbar four to five, degenerative disc disease of the lumbar spine, multilevel neuroforaminal narrowing on the lumbar spine, left foraminal protrusion on lumbar spine, posterior protrusion of the lumbar spine, chronic right ankle sprain/strain, lateral epicondylitis, pain in the joint involving the upper arm, and gastroesophageal reflux disease related to medication. Comorbid conditions includes obesity (BMI 32.9). Treatment to date has included magnetic resonance imaging of the left elbow, home exercise program, status post ulnar nerve transposition redo, status post cubital tunnel release, physical therapy, and medication regimen. In a progress note dated 02/04/2015 the treating provider reports constant and sharp pain to the lumbar spine that is rated a seven out of ten with pain radiating down the bilateral legs and with occasional numbness and tingling that was worse at night. Examination on 16 Dec 2014 noted mild antalgic gait, unable to walk heel-to-toe ("due to foot issues") and decreased lumbar range of motion. The treating physician requested a course of physiotherapy for chiropractic and acupuncture for the lumbar spine times twice per week for six weeks to treat the lower back injuries using the recent QME evaluation and recommendation to follow the ACOEM guidelines to direct further treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physiotherapy 2 x 6: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints Page(s): Chp 3 pg 48-9, Chp 5 pg 90, Chp 12 pg 299-301, 308-9, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-9.

Decision rationale: Physical therapy or physiotherapy (often abbreviated to PT) is a form of medical therapy that remediates musculoskeletal impairments and promotes mobility, function, and quality of life through the use of mechanical force and movement (active and passive). Passive therapy may be effective in the first few weeks after an injury but has not been shown to be effective after the period of the initial injury. Active therapy directed towards specific goals, done both in the Physical Therapist's office and at home is more likely to result in a return to functional activities. This treatment has been shown to be effective in restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. However, to be effective, active therapy requires an internal effort by the patient to complete the specific exercises at the PT clinic and at home. According to the MTUS, goal directed physical therapy for low back pain should show a resultant benefit by 10 sessions over a 4-week period and the program should be tailored to allow for fading of treatment. The ACOEM guidelines additionally recommend that physical therapy for patients with delayed recovery be time contingent. This patient has chronic low back pain but there is no documentation of additional or new injury. The provider notes the request for this therapy is to follow ACOEM guidelines. By these guidelines, medical necessity has been established but the frequency and duration should be modified to correspond with the recommendations as noted above.