

Case Number:	CM15-0046783		
Date Assigned:	03/19/2015	Date of Injury:	04/24/1996
Decision Date:	05/01/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/12/2015

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: Internal 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 68 year old female who sustained an industrial injury on 4/24/1996. Recently she reported stiffness in, and spasms across, the low back/buttock; chronic numbness of the left foot/toes; and left foot drag with walking. The injured worker has been diagnosed with, and/or impressions were noted to include, lumbosacral spondylosis without myelopathy; lumbago; lumbar decompression (1996); lumbar decompression and posterior spinal fusion (2003); cervical discectomy (2010); lumbar decompression fusion (2012); post-laminectomy syndrome; sacroilitis; myofascial pain syndrome; and atonic bladder with urinary retention. Treatments to date have included consultations; diagnostic laboratories, urine and imaging studies; status-post multiple back surgeries (1996 - 1012); back brace; self-catheterization to drain her bladder; and medication management. Physical therapy was requested by, and included in the treatment plan, of 2/4/2015, to address myofascial pain and spasms, along with increasing core strength and the anticipation of transitioning into a gym.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 sessions of lumbar physical therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT) Physical Medicine Pages 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Physical medicine treatment. ODG Preface Physical Therapy Guidelines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six-visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. Per Medical Treatment Utilization Schedule (MTUS) definitions, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. The medical records document a history of low back complaints. The date of injury was 04-24-1996. Past treatments include physical therapy. The progress report dated 2/4/15 documented that the patient reported intermittent low back pain, with minimal pain. Physical examination of the lumbar spine demonstrated full range of motion. Gait was normal. Physical therapy for the lumbar spine 12 sessions were requested. The 2/4/15 progress report did not document functional improvement with past physical therapy. Per ODG, patients should be formally assessed after a six visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. The request for 10 sessions of PT physical therapy exceeds MTUS and ODG guidelines, and is not supported. The 2/4/15 progress report documented that the patient currently reports minimal pain, with full lumbar range of motion. Therefore, the request for 10 sessions of physical therapy is not medically necessary.