

Case Number:	CM14-0120291		
Date Assigned:	08/06/2014	Date of Injury:	09/28/2013
Decision Date:	12/17/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/30/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 51 year old female who suffered an industrial related injury. A physician's report dated 2/25/14 noted diagnoses of sacroiliitis, brachial neuritis/radiculitis, lumbago, neuralgia neuritis and radiculitis, and myofascial pain. The injured worker was prescribed Tramadol. A physician's report dated 5/27/14 noted physical examination findings of tenderness to palpation of the lumbar spine and significant decreased in range of motion to flexion. The physician noted the injured worker was making progress after 7 sessions of physical therapy in regards to function to pain but the gait remained antalgic and non-fluid. The treating physician recommended continued physical therapy for 6 more sessions. The injured worker was noted to be working with restrictions. On 1/23/14 the injured worker received a left sacroiliac joint injection and right lumbar trigger point injections. On 7/1/14 the utilization review (UR) physician denied the request for 6 additional physical therapy sessions for the lumbar spine. The UR physician noted the injured worker had exceeded the Medical Treatment Utilization Schedule guidelines for physical therapy regarding this injury and there was no indication that continued gains could be made through an independent home exercise program versus a return to skilled intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional PT (physical therapy) to Lumbar Spine 2 times a week for 3 weeks (6): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability

Guidelines(ODG)-TWC Low Back Procedure Summary last updated 05/12/2014Physical Therapy Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Physical Therapy

Decision rationale: The Official Disability Guidelines allow for 9 physical therapy visits over 8 weeks for the diagnosis of lumbago. 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); and (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this instance, injured worker has already completed 7 physical therapy visits. The treating physician is requesting additional 6 physical therapy visits which would give a total of 13, thus exceeding the guideline recommendations of 9 visits for this diagnosis. Additionally, there seems to have been no functional improvement over the course of 7 physical therapy visits as evidenced by no loosening of work restrictions. Pain cannot be said to have improved objectively because there is no documentation of pain levels on any kind of a scale from one visit to the next. Per the guidelines listed above, the request is not medically necessary.