

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0145134 | | |
| Date Assigned: | 09/12/2014 | Date of Injury: | 09/15/2006 |
| Decision Date: | 10/14/2014 | UR Denial Date: | 08/12/2014 |
| Priority: | Standard | Application Received: | 09/08/2014 |

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 Occupational Medicine and is licensed to practice in California. 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:

The patient is a 70-year-old male who has submitted a claim for lumbar intervertebral disc displacement without myelopathy associated with an industrial injury date of September 15, 2006. Medical records from 2014 were reviewed. The patient complained of low back pain and stiffness. Pain has decreased from 6-9/10 (severe pain) on July 16, 2014 to 3-5/10 (moderate pain) in August 6, 2014. He has undergone 6 physical therapy sessions and reports reduction in symptoms and improvement in function of more than 30% since initiating therapy. Physical examination showed limitation of motion of the lumbar spine and positive provocation test of the quadratus lumborum. Neurologic examination was normal. The diagnosis was lumbar disc rupture. Treatment to date has included oral and topical analgesics, physical therapy and home exercises. Utilization review from August 12, 2014 denied the request for Additional PT 2X3 Low Back. The claimant has recently attended 6 sessions of therapy and should be performing home exercises. There is insufficient reason to continue monitored therapy in light of his minimal benefit. It is unclear what monitored therapy would accomplish that could not be addressed via self-directed exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional PT 2X3 Low Back: 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 Medicine, Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, Physical therapy (PT); Preface: Physical Therapy Guidelines

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. According to ODG, patients should be formally assessed after a "six-visit clinical trial" prior to continuing with the physical therapy. 10 visits over 8 weeks are recommended for intervertebral disc disorders without myelopathy. In this case, the patient has undergone 6 sessions of physical therapy which has decreased pain from severe to moderate in 3 weeks. The patient may benefit from continued treatment. However, the requested 6 additional sessions would exceed guideline recommendation of 10 visits. The medical necessity of continued treatment in excess of guideline recommendation cannot be established. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Additional PT 2X3 Low Back is not medically necessary.