

Case Number:	CM14-0146958		
Date Assigned:	09/15/2014	Date of Injury:	03/10/2013
Decision Date:	10/15/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/10/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 62 year old employee with date of injury of 3/10/2013. Medical records indicate the patient is undergoing treatment for lumbar spine sprain/strain with radicular complaints and lumbar discopathy. Subjective complaints include moderate low back pain radiating to bilateral legs and numbness in outer shins. He complains of sensation loss to right leg. His pain is on the right side and wraps around low back. Patient reported only a 60% subjective improvement in pain. He also reports that the pain relief was temporary. Objective findings include increased tenderness and tone to paralumbar musculature at the midline thoracolumbar junction and over L5-S1 facets and right greater sciatic notch. Muscle spasms were noted during the exam. Treatment has consisted of 2 epidural steroid injections, physical therapy, chiropractic care, Celebrex, Ibuprofen, rest and home exercise program. The treating physician stated that the patient failed conservative care. The utilization review determination was rendered on 8/13/2014 recommending non-certification of Decision for Physical Therapy 2 times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Physical Therapy Visits (2 times a week for 4 weeks): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine, Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a "six-visit clinical trial" of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. The treating physician notes that the patient continues to have pain and remains off work despite multiple previous physical therapy sessions. The treating physician has not provided documentation of functional improvement from previous physical therapy sessions. As such, the request for 8 Physical Therapy Visits (2 times a week for 4 weeks) is not medically necessary.