

Case Number:	CM14-0149214		
Date Assigned:	09/18/2014	Date of Injury:	01/31/2007
Decision Date:	10/17/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/15/2014

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:

According to the provided documents this patient is a 59-year-old woman who was injured on 1/31/07. The body part involved is the lower back. Mechanism of injury is not mentioned in the provided report. The disputed treatment is a request for additional physical therapy 2 x 6 in a utilization review determination letter from 9/9/14. The determination modified the request and reduced the number of sessions. There is an 8/18/14 progress note which indicates the patient is there for follow up of the low back pain and that she is "a little better". She was taking Flexeril and Norco 10/325 at bedtime. She completed 6 sessions of land physicia therapy and reported being able to walk longer and to use the stationary bike. Range of motion of the back was 50% of normal, she had decreased sensation to light touch in the left leg, strength was 5-/5 in left hip flexion and left EHL (extensor hallucis longus) straight leg raise was negative. Diagnoses were grade 1 spondylolisthesis L3-4 status post surgery; Right lumbar radiculopathy status post surger; persistent lumbar stenosis despite surgery; No evidence of bilateral SI joint syndrome on exam. Additional land PT sessions to continue to improve the patient's strength and reduce her pain were requested. Medications were refilled. There is a 7/7/14 report which indicated at the time that the patient was taking Flexeril 10 mg 3 times a day, and Norco 5/325 mg 3 times a day. She was not doing her exercises. That report noted that the patient had received aquatic therapy after surgery but never received land core strengthening exercises and she was referred for PT. That report indicates the most recent surgery was 6/23/11 which is well past the postsurgical physical medicine timeframe.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy lumbar spine 2x6 (12): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, Physical Medicine Page(s): 98-99.

Decision rationale: This is a patient with chronic low back pain who was sent to physical therapy to be instructed in an exercise program for core strengthening. She had 6 sessions and did show functional improvement in some activity tolerances but she also apparently reduced her medication from 3 times a day to just bedtime. The MTUS chronic pain guidelines do support physical medicine for flare-ups of chronic pain and emphasize that active therapy is preferable to passive therapy. Guidelines allow for fading of treatment frequency from up to 3 visits a week to 1 or less along with active self-directed home physical medicine for patients with neuralgia, neuritis and radiculitis 8-10 visits over 4 weeks are recommended. The patient's diagnoses would place her in this category. Although MTUS guidelines do support continued PT with evidence of functional benefit/improvement, this request exceeds guidelines. It should not require a complete total of 18 sessions to instruct this patient in an independent home exercise program, reinforce it and transition the patient to independent exercise. Therefore the quantity of an additional 12 sessions is not medically necessary based upon the evidence and the guidelines.