

Case Number:	CM14-0166425		
Date Assigned:	10/13/2014	Date of Injury:	03/30/2011
Decision Date:	11/13/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/09/2014

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 Physical Medicine & Rehabilitation, 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 records made available for review, this is a 62-year-old male with a 3/30/11 date of injury, and status post L4-5 and L5-S1 laminectomy 5/1/12. At the time (9/15/14) of the Decision for Physical therapy 3 x 4 for lumbar spine & neck, there is documentation of subjective (ongoing neck and low back pain with continued radicular symptoms to the bilateral upper and lower extremities with numbness) and objective (decreased cervical range of motion, tenderness to palpation over the bilateral trapezius muscles, and absent biceps, triceps and brachioradialis reflexes bilaterally; tenderness to palpation over the lumbar spine with decreased lumbar range of motion, decreased strength of the extensor hallucis longus bilaterally, absent Achilles reflexes bilaterally, and decreased sensation in the left lower extremity), current diagnoses (lumbar post-laminectomy syndrome, lumbar spinal stenosis, and cervical disc disease with disc herniation), and treatment to date (at least 24 postoperative physical therapy sessions to the lumbar spine in 2012 and 24 physical therapy sessions to the cervical spine in 2013). Medical report identifies a request to re-initiate physical therapy to the lumbar and cervical spine to avoid more invasive procedures including injections and surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x 4 for lumbar spine & neck: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back; Low Back, Physical therapy, Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of intervertebral disc disorders not to exceed 10 visits over 8 weeks. ODG also notes 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 when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of lumbar post-laminectomy syndrome, lumbar spinal stenosis, and cervical disc disease with disc herniation. In addition, there is documentation of previous physical therapy sessions to the lumbar and cervical spine (in 2012 and 2013) with a request to re-initiate physical therapy in order to avoid more invasive procedures including injections and surgery. However, the proposed number of sessions exceeds guidelines (for re-initiating a trial). Therefore, based on guidelines and a review of the evidence, the request for physical therapy 3 x 4 for lumbar spine & neck is not medically necessary.