

Case Number:	CM14-0182971		
Date Assigned:	11/07/2014	Date of Injury:	04/19/1998
Decision Date:	12/11/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/03/2014

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 Internal 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 injured worker (IW) is a 65-year-old woman with a date of injury April 19, 1998. She sustained an injury to her back. The mechanism of injury was not documented in the medical record. Pursuant to a progress note dated September 20, 2014, the IW reports constant debilitating low back pain with radiation into the bilateral hips and legs. She is reporting numbness into the left leg and foot. There is reported 50% loss of range of motion, decreased left patellar reflex, and decreased sensation in the left big toe and foot region. The IW has been diagnosed with intervertebral disc syndrome without myelopathy, lumbar radiculitis, paresthesia, and chronic sacroiliac sprain/strain. Current medications were not documented. The provider has requested continued multi-modality therapy 2 times a week for 3 weeks. The records provided to not contain specific objective examination findings that demonstrate ongoing functional gains. Of note, there is a letter in the medical record from the IW to the claims adjuster regarding the recent denial of her therapy sessions. She indicates that she has been receiving chiropractic care for many years. She states that she has been receiving 18 to 24 sessions every year since the injury in 1998.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multi-Modality Therapy 2 x 3 weeks: Upheld

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

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

Decision rationale: Pursuant to the Official Disability Guidelines, multi-modality therapy (physical therapy two times a week for three weeks) is not medically necessary. Physical therapy guidelines provide the frequency and duration for physical therapy. The ODG preface states the patient should be formally assessed after a six visit clinical trial to see if the patient was moving in a positive direction, no direction or negative direction. Allow for fading treatment frequency (from up to three or more visits per week to one or less) plus active self-directed home physical therapy. In this case, the injured worker was complaining of constant, debilitating low back pain that radiated to the hips bilaterally and legs. These findings were present on the September 29, 2014 progress note. There was numbness radiating down the left leg to the foot, inability to maintain normal walking and exercise routine and insomnia from the pain. She was also unable to sit comfortably in a chair for more than 5 to 10 minutes. The plan indicates "continue therapy two times a week for three weeks." This indicates the injured worker had been receiving physical therapy up until the September 29, 2014 progress note. There was no documentation as to what objective functional improvement or ongoing functional gains the injured worker was making as a result of physical therapy. Consequently, (additional) physical therapy two times per week for three weeks is not medically necessary.