

Case Number:	CM14-0218326		
Date Assigned:	01/08/2015	Date of Injury:	09/11/2013
Decision Date:	06/01/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 53 year-old male, who was injured on September 11, 2013, while performing regular work duties. The injury to the low back occurred while moving boxes. The records indicate the injured worker has completed twelve (12) physical therapy sessions. The injured worker has received treatment which included physical therapy, radiological imaging, facet injections, and medications. On December 17, 2014, the injured worker was seen for evaluation and found to have increasing pain with extension, a 45 degree bend, and tenderness to the lumbar spine area. This evaluation indicates a magnetic resonance imaging was completed on January 28, 2014, which shows disk protrusion. The request for authorization is for additional physical therapy, two (2) times weekly for six (6) weeks, for the lumbar spine; manual therapy, two (2) times weekly for six (6) weeks, for the lumbar spine; and therapeutic exercises, two (2) times weekly for six (6) weeks, for the lumbar spine. The primary diagnosis is lumbar or lumbosacral intervertebral disc degeneration. On December 10, 2014, Utilization Review non-certified the request for additional physical therapy, two (2) times weekly for six (6) weeks, for the lumbar spine; manual therapy, two (2) times weekly for six (6) weeks, for the lumbar spine; and therapeutic exercises, two (2) times weekly for six (6) weeks, for the lumbar spine, based on MTUS, Chronic Pain Medical Treatment, and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapeutic exercises, twice week for 6 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 11/21/14).

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

Decision rationale: The patient presents with back pain. The current request is for Therapeutic Exercises, twice week for 6 weeks for the lumbar spine. In the reports submitted there is no clear indication as to the specific need for the request. The MTUS guidelines allow 8-10 physical therapy visits for myalgia and neuritis type conditions. In this case, the patient has already undergone 5 sessions of Physical Therapy as of 11/05/14 according to the medical records provided. The current request of 12 physical therapy sessions is in excess of the maximum visits allowed by the MTUS guidelines. The request is not medically necessary and the recommendation is for denial.

Manual therapy twice week for six weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: The patient presents with back pain. The current request is for Manual Therapy, twice week for 6 weeks for the lumbar spine. In the reports submitted there is no clear indication as to the specific need for the request. The MTUS guidelines for manual therapy allow a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. There is no documentation of prior manual therapy provide for this patient in the records provided. While this patient may require a trial of manual therapy, the current request for 12 sessions is outside of the guideline recommendations. The current request is not medically necessary and the recommendation is for denial.

Additional physical therapy twice a week for six weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-5. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 11/21/14).

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

Decision rationale: The patient presents with back pain. The current request is for Physical Therapy, twice week for 6 weeks for the lumbar spine. The medical records indicate that the patient had completed 5 physical therapy sessions on 11/5/14. The 12/17/14 report states that the patient had completed 12 physical therapy sessions and that the patient requires a surgical consultation for the disc protrusions at L4/5 and L5/S1. The MTUS guidelines allow 8-10 physical therapy visits for myalgia and neuritis type conditions. In this case, the current request for 12 physical therapy sessions is outside for the recommended 8-10 sessions that MTUS recommends and there is no documentation of a surgery or any new injury or diagnosis that would require 12 additional physical therapy sessions. The request is not medically necessary and the recommendation is for denial.