

Case Number:	CM14-0035644		
Date Assigned:	06/23/2014	Date of Injury:	05/06/2007
Decision Date:	01/02/2015	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/24/2014

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:

The patient is a 63 year old with date of injury 5/6/07. Medical records indicate patient is undergoing treatment for multilevel disc disease, DDD, and lumbar facet arthropathy. Preliminary review of lumbar MRI on 2/19/14 shows the multilevel disc disease, L4-L5 and L5-S1 disc bulges, and facet changes with possible neuroforaminal stenosis. Subjective complaints include a "burning pain" to right buttock rated 4/10, increasing right radicular pain, and intermittent neuropathic pain to right leg; mild weakness in right L5 myotomes. Objective findings include sitting straight leg raise positive on right and negative on left. Hip external rotation is 50 degrees on left, 35 degrees on right. Patrick's test causes mild right hip pain, negative on left. Treatment has included physical therapy, acupuncture, heat, TFE injections, Lidoderm patches, and Mentherm. The utilization review determination was rendered on 2/27/14 recommending non-certification of Physical Therapy of lumbar lower back x 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy of lumbar lower back x 6: Upheld

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

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. Medical records indicate that patient had physical therapy over a year ago and no documentation is available as to whether there was subjective or objective improvement. No documentation of new injury or surgery. As such, the request for Physical Therapy of lumbar lower back x 6 is not medically necessary.