

Case Number:	CM15-0005070		
Date Assigned:	01/16/2015	Date of Injury:	03/08/2012
Decision Date:	03/18/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/09/2015

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

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 57 year old male, who sustained an industrial injury on 3/8/12. He has reported low back pain. The diagnoses have included myalgia and myositis, reflex sympathetic dystrophy and nuealgia. Treatment to date has included physical therapy, sacroiliac joint injections, oral medications and laminectomy. As of the PR2 on 12/11/14, the injured worker reports severe pain and was unable to tolerate Gabapentin because of stomach issues. The injured worker did not have a positive experience at the previous out-patient physical therapy treatment center, but would like to try another center and continue his sessions. The treating physician is requesting physical therapy 2x week for 3 weeks to teach a home exercise program. There are no physical therapy notes in the case file for review. On 12/18/14 Utilization Review non-certified a request for physical therapy 2x week for 3 weeks. The UR physician cited the MTUS chronic pain treatment guidelines for physical medicine and excessive frequency. On 1/9/15, the injured worker submitted an application for IMR for review of physical therapy 2x week for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x3 for the low back: 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): 98-99, Postsurgical Treatment Guidelines Page(s): 25-26.

Decision rationale: The 57 year old patient presents with pain, spasms and stiffness in the lower back along with weakness, numbness and tingling in the right lower extremity, as per progress report dated 12/11/14. The request is for PHYSICAL THERAPY 2 X 3 FOR LOW BACK. The patient's date of injury is 03/08/12. Diagnoses, as per progress report dated 12/11/14, include low back pain, inflamed sacroiliac joint, and hip pain. The patient is status post lumbar laminectomy --- date of this procedure is not mentioned. As per progress report dated 10/10/14, the patient underwent spinal fusion at L5-S1 in December, 2012. Medications, as per progress report dated 12/11/14, included Flexeril, Gabapentin, Hydrocodone, Flector patch and Lidoderm patch. The patient is not working, as per progress report dated 10/10/14. MTUS guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." MTUS, pages 25-26, allows postsurgical treatment of 34 visits over 16 weeks in patient's undergoing fusion. The postsurgical physical medicine treatment period is 6 months. In this case, the patient is status post spinal fusion at L5-S1 in December, 2012, as per progress report dated 10/10/14. In progress report dated 12/11/14, the treater states that the patient has completed 2 courses of pre and post op therapy. He, however, did not have a positive experience at that location. Hence, the treater is requesting for PT at another location to develop strength, endurance and flexibility and to learn a program of home exercises to maintain function after treatment. The progress reports do not document the number of sessions the patient has attended. However, the UR denial letter states that the patient had received 34 sessions of therapy since the surgery. MTUS allows for only 34 sessions in post-operative cases. Additionally, the treater has not documented any improvement in function and reduction in pain from prior therapy. Hence, the request for additional sessions appears excessive and IS NOT medically necessary.