

Case Number:	CM15-0021532		
Date Assigned:	02/11/2015	Date of Injury:	11/15/2010
Decision Date:	04/09/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/04/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 24-year-old male, who sustained an industrial injury on 11/15/2010. He has reported back pain. The diagnoses have included lumbago, spinal stenosis without myelopathy, sciatica and neuralgia. He is status post L5-S1 microdiscectomy 10/2/14. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, bilateral medial branch blocks, and physical therapy. Currently, the IW complains of pain with radiation to right leg. Objective findings documented 1/20/15 included normal bulk and tone, sensation intact, and 5/5 strength. The provider documented improvement with lingering pain, requiring physical therapy for further postoperative improvement. On 1/30/2015 Utilization Review non-certified physical therapy sessions three times a week for three weeks for a diagnosis of sciatica, noting the failed to support additional functional goals that could not be achieved by a home exercise program. The MTUS Guidelines were cited. On 2/4/2015, the injured worker submitted an application for IMR for review of physical therapy sessions three times a week for three weeks for a diagnosis of sciatica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x 3: 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 Therapy Page(s): 98-99. Decision based on Non-MTUS Citation ODG, Low Back, Physical Therapy.

Decision rationale: Per MTUS CPMTG, physical medicine guidelines state: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. "The ODG Preface specifies Physical Therapy Guidelines, "There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of "passive care" (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end; (5) 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); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted."Per the ODG guidelines: Sciatica; Thoracic/lumbosacral neuritis/radiculitis, unspecified (ICD9 724.3; 724.4): 10-12 visits over 8 weeks. See 722.1 for post-surgical visits. The documentation submitted for review indicates that the injured worker's date of injury was 11/15/10. Physical therapy was previously completed, however, the date, quantity of visits, and response was not documented. A request for 9 visits is in excess of a 6 visit trial. Furthermore, there was no rationale provided as to why the injured worker was not transitioned to self-directed home therapy. Medical necessity cannot be affirmed.