

Case Number:	CM15-0027931		
Date Assigned:	02/20/2015	Date of Injury:	03/19/2013
Decision Date:	04/01/2015	UR Denial Date:	01/17/2015
Priority:	Standard	Application Received:	02/13/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 with an industrial injury dated 03/19/2013. The mechanism of injury is documented as while loading a package into a truck at work he experienced extreme low back pain and radiating left lower extremity pain. He presented on 12/15/2014 follow up after surgery. The provider notes he is doing excellent. He has finished his physical therapy (12 sessions) and has improved pain. Physical exam showed ambulation with an analgesic appearing gait. Range of motion demonstrated 45 degrees forward flexion, 20 degrees of extension, 20 degrees of side bend and rotation bilateral. He did have increased pain with the above motions. Hoffmann's and Babinski were negative. Prior treatment includes physical therapy, surgery and medications. Left lumbar 4-5 and lumbar 5- sacral 1 transforaminal lumbar interbody fusion, posterolateral arthrodesis lumbar 4-5 and lumbar 5- sacral 1 and lumbar laminectomy/bilateral foraminotomy lumbar, lumbar 5 and sacral 1. 06/17/2014. Diagnoses included: Lumbar spinal stenosis. Lumbar herniated nucleus pulposus. Spondylosis. Spondylolisthesis. Adjacent level degenerative disc disease at lumbar 4-5 with spinal stenosis. Status post lumbar 4-sacral 1 transforaminal lumbar interbody fusion 06/17/2014. The provider requests 10 more physical therapy sessions. On 01/14/2015 the request for 10 visits of physical therapy defaulted over 4 weeks to lumbar spine was non-certified by utilization review. MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 visits physical therapy defaulted over 4 weeks to Lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines.

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 the patient had an initial trial of 12 physical therapy visits which resulted in worsening pain. As such, the Physical medicine procedure (10 more episodes of physical therapy over 4 weeks lumbar spine) is in excess of the guidelines and therefore is not medically necessary.