

Case Number:	CM15-0038922		
Date Assigned:	03/09/2015	Date of Injury:	12/28/2010
Decision Date:	04/15/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/02/2015

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:

This 29 year old male sustained a work related injury on 12/28/2010. According to a follow-up report dated 01/15/2015, the injured worker was status post posterior interbody fusion on 06/05/2014. The provider noted that the injured worker was only rarely taking medication. His pain was overall better. He was six months status post-surgery, but he still had some discomfort. Spinal examination showed pain with extension and rotation. There were no focal deficits. Pulses were 1+. Motor examination was 5/5 in the lower extremities. There was good range of motion of the hips, knees and ankles. There was paraspinal spasm present. The impression was noted as disc degeneration lumbar spine, facet arthropathy, and status post blocks in the past that helped significantly, as well as status post fusion. Treatment plan included additional physical therapy to the lumbar spine for some stabilization to calm this area down and to see if it would alleviate his symptomatology. The injured worker was temporarily totally disabled through 02/26/2015. The notes from prior physical therapy sessions submitted for review were illegible. The UR found the request to be non-certify due to lack of documentation of previous physical therapy results citing the MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times per week for 4 weeks to lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

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. The patient has had previous physical therapy but documentation is illegible and results not available. The indication for continued therapy is not provided. As such, the request Physical therapy 2 times per week for 4 weeks to lumbar spine is not medically necessary.