

Case Number:	CM13-0051137		
Date Assigned:	07/23/2014	Date of Injury:	02/14/2013
Decision Date:	09/25/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/14/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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:

According to the records made available for review, this is a 31-year-old male with a 02/14/13 date of injury. At the time (09/23/13) of request for authorization for Urology consultation and Physical Therapy to Lumbar Spine 3 Times Per Week for 4 Weeks (12 Visits), there is documentation of subjective (slight loss of lumbar lordosis, lower back pain that radiates to lower extremity, and difficulty with any type of heavy lifting or bending) and objective (tenderness over left sacroiliac joint, trigger points to the lumbar region with a positive "twitch" response, normal lumbar range of motion, and straight leg raising from supine position restricted due to tight hamstrings) findings, current diagnoses (musculoligamentous sprain/strain of the lumbar spine and sacroiliac joint pain), and treatment to date (medications (including Vicodin)). Medical report identifies patient has yet to receive any type of physical therapy for his lower back. The proposed Physical Therapy to Lumbar Spine 3 Times per week for 4 weeks (12 Visits) exceeds guidelines (for an initial trial). In a Utilization Review Report dated October 29, 2013, the claims administrator approved a urology consultation, citing non-MTUS Chapter 7 ACOEM Guidelines which it mislabeled as originating from the MTUS while denying 12 sessions of physical therapy. The applicant's attorney subsequently appealed. In a June 9, 2014 progress note, the applicant presented with persistent complaints of low back pain, exacerbated by sitting and lifting. The applicant continued to have persistent pain about the genitals with dysuria and sexual dysfunction. 6/10 pain was noted. The applicant was placed off of work, on total temporary disability. Motrin was endorsed. The applicant was asked to at-home exercises. On December 30, 2013, it was stated that the applicant was off of work, on total temporary disability. A urology consultation was sought to evaluate the applicant's pyuria. The attending provider stated that he was appealing the previously denied course of 12 sessions of physical therapy on the grounds that the request represented an initial course of therapy. On November

18, 2013, 12 sessions of physical therapy were sought, which the applicant's primary treating provider posited with the first-time request for physical therapy. MRI imaging of the lumbar spine was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy to Lumbar Spine 3 Times Per Week for 4 Weeks (12 Visits): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical therapy.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The ODG recommends a limited course of physical therapy for patients with a diagnosis of lumbar sprains and strains not to exceed 10 visits over 8 weeks. ODG also notes 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) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of musculoligamentous sprain/strain of the lumbar spine and sacroiliac joint pain. In addition, there is documentation that the patient has not received any type of physical therapy for his lower back. However, the proposed Physical Therapy to Lumbar Spine 3 Times per week for 4 weeks (12 Visits) exceeds guidelines (for an initial trial). Therefore, based on guidelines and a review of the evidence, the request for Physical Therapy to Lumbar Spine 3 Times per week for 4 weeks (12 Visits) is not medically necessary.