

Case Number:	CM14-0140684		
Date Assigned:	09/15/2014	Date of Injury:	03/07/2005
Decision Date:	10/15/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/29/2014

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 Family Medicine 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:

Patient is a 70-year-old female who has submitted a claim for displacement of lumbar intervertebral disc without myelopathy, associated with an industrial injury date of 03/07/2005. Medical records from August to September 2014 were reviewed. Nine years ago, the patient fell off a chair and injured her low back and developed radicular symptoms into both lower extremities. She developed chronic low back pain. The patient completed 12 sessions of physical therapy on July 2014, to which she noted improvement on walking, with assistance of cane. She noted that the pain improved about 30%. No medications were used. She was taught ways to better position herself. She continued to have chronic lower back pain. Physical examination revealed moderate guarding on quadratus lumborum and paralumbars. Flexion is 30 degrees and extension is only 5 degrees, Lateral flexion is 10 degrees and rotation is 40 degrees bilaterally. Her motor strength was 3/5 to lumbar flexion, extension, lateral flexion, and rotation. Straight leg raise and Faber's test were positive. Treatment to date has included 12 sessions of physical therapy. Utilization review from August 11, 2014 denied the request for additional physical therapy, 2 times weekly for 6 weeks. The patient was injured 9 years ago. Recently, she also had 12 physical therapy sessions. The patient should already be well versed on a strong home exercise program. Additional 12 sessions of physical therapy exceed guideline recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional sessions of physical therapy for the low back (2x6): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical Therapy

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Official Disability Guidelines recommends 10 visits of physical therapy sessions for intervertebral disc disorders without myelopathy. In this case, the patient has completed 12 sessions of physical therapy, to which she noted improvement on walking. The patient may benefit from continued treatment, however, the requested 12 additional sessions would exceed guideline recommendation of 10 visits. The medical necessity of continued treatment in excess of guideline recommendation cannot be established. There was no compelling rationale concerning the need for variance from the guideline. It was likewise unclear why patient cannot transition into a self-directed home exercise program to address residual deficits. Therefore, the request for additional 12 sessions of physical therapy for low back (2x6) is not medically necessary.