

Case Number:	CM13-0051169		
Date Assigned:	12/27/2013	Date of Injury:	07/05/2013
Decision Date:	04/24/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/29/2013

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 Emergency Medicine and is licensed to practice in New York. 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:

The patient is a 38-year-old male who was injured on July 5, 2013, when he was unloading something heavy from a company vehicle. The patient continued to experience pain in the lower back with radiation into the left hip, leg, and foot. Physical examination was notable for decreased range of motion of the lumbar spine, decreased sensation in the left leg, and normal lower extremity muscle power. Nerve conduction studies of the bilateral lower extremities were suggestive of a left S1 radiculopathy. MRI's of bilateral hips were unremarkable. MRI of the lumbar spine was notable for mild disc bulging and mild to moderate neuroforaminal narrowing. Treatment included medication. Request for authorization for physical therapy for the lumbar spine twice weekly for four weeks was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY, TWICE PER WEEK FOR FOUR WEEKS, LUMBAR SPINE:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. ODG states that physical therapy is more effective in short-term follow up. 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). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case the patient had not received any physical therapy. The 8 visit requested surpasses the recommended 6 visit trial to determine if there is any functional improvement. The request should not be authorized.