

Case Number:	CM13-0062565		
Date Assigned:	12/30/2013	Date of Injury:	03/12/2009
Decision Date:	08/04/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/06/2013

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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:

This is a 42-year-old female who sustained a work related injury as result of lifting a wood pallet on 3/12/2009. Since the time of initial injury, the patient has experienced low back and left leg pain. Her pain is usually 8/10 on the 1 to 10 pain scale in her left leg and her back. On examination, she has a bit antalgic gait with a slightly pronated posturing while walking. Static flexion and extension examination of the lumbar spine finds that she has maximal pain upon extension with some radiation of pain down the left lower extremity. She has some tenderness upon palpation in the lumbar spine (more on the left than right) and has a positive straight leg raise. A lumbar MRI dated, 4/24/2012, identifies a L3-S1 annular tearing with sub ligamentous protrusion of disc material. The primary treating physician's desire for physical therapy is to improve the patient's flexibility, range of motion and teach her home exercises. In dispute is a decision for physical therapy of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatment Page(s): 11-12, 98-99.

Decision rationale: Physical Medicine (Therapy) in general it is recommended that active therapy was found to be of greater benefit than passive therapy. The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Patients shall be reevaluated following continuation of therapy when necessary or no later than every forty-five days from the last evaluation to document functional improvement to continue physical medicine treatment. Frequency of visits shall be gradually reduced or discontinued as the patient gains independence in management of symptoms and with achievement of functional goals. A progress report dated 02/27/2012 identifies the patient was approved for both a transcutaneous electric nerve stimulation (TENS) unit and physical therapy (PT). A subsequent progress report from the primary treating physician (and there are a number that are missing) since that time does not document the patient's response to PT, only that she obtains some relief with the use of her TENS unit. Based upon the fact that her pain has only increased since the original February 2012 authorization for PT, further therapy is not warranted as functional improvement did not occur. Therefore, physical therapy for the lumbar spine is not medically necessary.