

Case Number:	CM13-0070779		
Date Assigned:	05/07/2014	Date of Injury:	12/12/2012
Decision Date:	06/12/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/26/2013

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 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:

The patient is a 28 year old female who was involved in a motor vehicle accident on Dec. 12, 2012 when hit from behind by a vehicle traveling approximately 25-30 miles per hour and immediately experienced neck, mid-back and jaw pain; within the hour of the accident she experienced left leg pain with numbness and lumbar spasm. Since then, she's had some level of lumbar discomfort. She had a previous history of back pain and had undergone a L5-S1 microdiscectomy in 2008. Aside from conservative management, she's undergone two previous rounds of physical therapy over a 7-week period in 2013, initially in Jan-Feb and again in the July-August time frame. No explanatory documentation of functionality provided on physical therapy progress sheets during the Jan-Feb time frame other than to document the same functional assessment "Progressing towards goals." On her physical therapy progress reported for the July-Aug time frame, she has specific functional assessment document: improve trunk range of motion, able to begin flossing (a nerve treatment technique), improvement in quality of movement, pain is less intense and less frequent. Disputed issue is physical therapy three times a week for six weeks to address her lumbar discomfort.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3X/WEEK FOR 6 WEEKS LUMBAR: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009 Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation ODG Low Back (updated 12/04/13) Physical Therapy (PT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Physical therapy.

Decision rationale: In general it is recommended that active therapy is 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. A review of the ODG guidelines provides similar recommendation, as do the Chronic Pain Medical Treatment Guidelines, with the addition of providing specific time frame for treatment: 10 visits over 8 weeks. In each of the previous documented time periods of previous treatment, the patient received 13 and 12 visits, respectively. The patient's second round of physical therapy documented improvement in functionality (increased range and quality of motion and decreased pain), therefore, an additional period of physical therapy is warranted and found to be medically necessary as requested.