

Case Number:	CM14-0009891		
Date Assigned:	02/21/2014	Date of Injury:	01/29/2011
Decision Date:	07/18/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/23/2014

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 Physical Medicine and Rehabilitation 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:

The patient is a 55 year old male who has submitted a claim for persistent lower back pain associated with an industrial injury date of 01/29/2011. Medical records from 02/07/2013 to 01/21/2014 were reviewed and showed that patient complained of lower back pain graded 4/10 over the lumbar area while sitting for 15 minutes or walking for 25 minutes. He was unable to go to work because of the pain. Physical examination revealed spasm and tenderness over the paravertebral muscles. Tight muscle band and trigger point were noted on both sides. Lumbar facet loading was positive on both sides. Straight leg raise testing was positive on both sides in sitting at 40 degrees. Treatment to date has included 6 completed visits of physical therapy, Home Exercise program, Ketoprofen 75mg QD, and Aspirin 81 mg QD. A utilization review dated 01/13/2014 denied the request for eight visits of physical therapy at two times a week for four weeks to the lumbar spine because documented objective functional deficits of the lumbar spine did not warrant supervised PT visits. Also, with the patient having been authorized six PT visits, the number of requested sessions would exceed the recommended ten visits of PT for lumbar radiculopathy. No exceptional factors were proven to justify treatment beyond guideline recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2X WK X4 WKS LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment for Workers' Compensation, Online Edition.

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, INTERVERTEBRAL DISC DISORDERS.

Decision rationale: According to pages 98-99 of the MTUS Chronic Pain Guidelines, active therapy is recommended 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. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. Moreover, physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. The Official Disability Guidelines state that patients should be re-assessed after a "six-visit clinical trial" to determine if there is improvement or relief before deciding on continuation of physical therapy. If additional PT visits are proven necessary, 10 visits over 8 weeks are recommended for intervertebral disc disorders without myelopathy. In this case, objective neurologic deficit findings do not warrant additional supervised PT visits. The absence of significant objective findings does not justify the need for additional PT sessions beyond the initial six-visit PT sessions. As such, the request is not medically necessary and appropriate.