

Case Number:	CM14-0017757		
Date Assigned:	04/16/2014	Date of Injury:	05/02/2013
Decision Date:	06/03/2014	UR Denial Date:	02/01/2014
Priority:	Standard	Application Received:	02/12/2014

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 Occupational 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:

The patient has submitted a claim for low back pain, with an industrial injury date of May 2, 2013. The treatment to date has included: chiropractic therapy, acupuncture, physical therapy, home exercise program, and medications which include hydrocodone, ibuprofen, and cyclobenzaprine. The medical records from 2013 to 2014 were reviewed showing that patient complained of low back pain. The patient had physical therapy during flare ups of lumbar spine 2-3 times per week for 4 weeks annually. He also had acupuncture treatment 2-3 times per weeks for 4 weeks annually. On physical examination, there was tenderness over the midline L3-S1 region of the lumbar spine, with tenderness in the bilateral paraspinal muscle region. Straight leg raise was negative bilaterally. There was noted decrease in strength test on the left quadriceps with 4/5. The patient was able to heel walk with referred low back pain. The Utilization review from January 30, 2014 denied the request for physical therapy, three times a week for four weeks, for the lumbar spine because it was not known if the patient had already maximized the recommended physical therapy visits in the chronic phase and there was no documentation of the results of previous therapies.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY, 3 TIMES A WEEK FOR 4 WEEKS, FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The patient is diagnosed with lumbosacral strain. The 11/21/13 medical report indicates that the patient was seen complaining of intermittent low back pain and left lower extremity radiculopathy. There was no mention of an acute event resulting in aggravation of the patient's chronic pain. It was stated that the patient had had 11 physical therapy sessions previously and that along with acupuncture provided 50% relief (with acupuncture resulting in 20% relief) of the patient's pain, and also resulted in improved flexibility of her spine. However, specific functional improvement with the previous sessions was not documented. Objective findings of the lumbar spine revealed tenderness over the midline L3-S1, bilateral paraspinal muscle tenderness, negative straight leg raising, and 5/5 quadriceps strength. The patient has previously been educated with regards to a home exercise program, and was told to continue home exercises. In addition, a request was made for an additional 6 sessions of acupuncture and 12 sessions of physical therapy. As stated in the California MTUS Chronic Pain Medical Treatment Guidelines, 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. This form of therapy may require supervision from a therapist or medical provider. The patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The MTUS guidelines also recommend 9-10 visits over 8 weeks for unspecified myalgia and myositis, unspecified. The Official Disability Guidelines (ODG) recommends 10 physical therapy visits over 8 weeks for lumbar sprains and strains. In this case, since the patient has had a recent course of 11 sessions of physical therapy without documented functional improvement. The request for 12 additional physical therapy sessions for 4 weeks exceeds the recommended 9-10 sessions over 8 weeks. The patient has been educated in active therapy (home exercises). In addition, the patient has had no recent documented acute flares of her low back pain. Therefore, the request for physical Therapy, 3 times a week for 4 weeks, for the lumbar spine, is not medically necessary.