

Case Number:	CM14-0120495		
Date Assigned:	08/06/2014	Date of Injury:	10/02/2013
Decision Date:	09/11/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/30/2014

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 58 year old female with an injury date of 10/02/13. Per the 03/24/14 progress report the patient presented with a follow up for constant, sharp, and achy back pain. Symptoms running down the extremity are also reported. This report indicates the patient is worse. The patient had a lumbar selective nerve root injection, right side L4-5, L5-S1 on 06/11/14. The 06/11/14 postoperative diagnoses state:Diagnoses:1.Sciatica2.Lumbago3.Herniated disc [REDACTED] is requesting 12 (6x2) physical therapy sessions for the lower back. There was no indication of why the treater requested for physical therapy. The request was denied by utilization review letter dated 07/10/14. The rationale was: 1.The request for 12 sessions of physical therapy exceed guideline recommendations.2.The completion of prior physical therapy without evidence of functional improvement.Treatment reports were provided from 01/10/14 to 06/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x per week X 6 weeks Lower Back QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical MedicineRecommended as indicated below. Passive therapy (those treatment modalities that do

not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. 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. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. 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 overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007) 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. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks Page(s): 98,99.

Decision rationale: The patient presents with low back pain. The request is for 12 (2x6) physical therapy sessions. The utilization review references a 07/013/14 clinical summary that mentions 6 physical therapy sessions (dates unknown). MTUS guidelines pages 98.99 state that for Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis, 8-10 visits are recommended. In this case, the provider does not indicate why additional therapy is being requested. There is no discussion of flare-up's, decline in the patient's function requiring formalized therapy. The provider does not discuss treatment history to understand whether or not therapy helps. Finally, the request for 12 sessions exceeds what is allowed per MTUS. Therefore, this request is not medically necessary.