

Case Number:	CM14-0147752		
Date Assigned:	09/15/2014	Date of Injury:	10/15/2013
Decision Date:	12/04/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/11/2014

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 & 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 injured worker is a 42-year-old male who reported an injury on 10/15/2013. The mechanism of injury occurred when he was pushing and pulling a heavy load repeatedly. The patient has been diagnosed with chronic low back strain, with 1 to 2 mm disc protrusions. The patient received a minimum of 45 sessions of physical therapy, 15 sessions of chiropractic, and at least 5 sessions of extracorporeal shockwave therapy. X-rays obtained on 05/03/2014 revealed a normal lumbosacral spine with no evidence of significant degenerative disc disease and a normal pelvic bone quality with no evidence of degenerative joint disease. Surgical history includes a hernia repair in 1980 and a right testicular removal, in 2002. The injured worker complains of pain, a 4/10 in severity, stiffness, non dermatomal sensory loss, and weakness that was unable to be reproduced in the clinic. The most recent thorough physical examination was performed during the designated doctor evaluation on 05/13/2014, and revealed full range of motion throughout, full muscle strength, intact sensation, and negative orthopedic testing. Additionally, there was evidence of multiple Waddell signs, and at that time, 12 additional sessions of physical therapy were recommended. The most recent clinical note dated 08/04/2014, indicated that sensory function was decreased in the right lower extremity; however, distribution of this sensory loss was not detailed, nor was it attributable to any specific dermatome. Additionally, motor strength was noted to be 4/5 in the right lower extremity; however, specific muscle groups were not identified. Also on that date, the patient's complaints of tenderness to palpation had decreased from 3 to 2, and palpable spasm had also decreased from 3 to 2. Straight leg raise testing was noted to be positive bilaterally; however, distribution of pain was not documented. Furthermore, the included physical therapy note dated 08/11/2014, indicated the patient had met 100% of range of motion goals, but only 20% of pain improvement goals. The injured worker is utilizing an unspecified dose of tramadol and unspecified topical pain relieving cream. The treatment

plan is for 12 additional sessions of PT. The Request for Authorization dated 08/04/2014 included 12 sessions of physical therapy for the lumbar spine, a topical analgesic cream, an EMG/NCV of the bilateral lower extremities, and a urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue Physical Therapy 2x6 Weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The California MTUS/ACOEM Guidelines recommend 8 to 10 visits of physical therapy for an unspecified myalgia or myositis. Guidelines also recommend that an initial 6 visits be completed to determine treatment efficacy, and may be extended dependent upon objective functional gains. Guidelines also emphasize the importance of continuing an active self-directed home physical therapy exercise program, to ensure efficacy of treatment. According to the clinical information submitted for review, the patient received a minimum of 45 physical therapy treatments for his complaints of lower back pain. At least 12 of these physical therapy sessions have been performed in 2014, with the most recent physical therapy note dated 08/11/2014. As previously stated, that particular physical therapy note stated that the patient had met 100% of his range of motion goals. While the patient may continue to experience pain related to his lower back injury, there is no indication that additional therapy will be effective, and after 45 sessions of physical therapy, continuation of a home exercise program is reasonable. Furthermore, the current request does not specify which body part is to be treated, and therefore, the request for continued physical therapy 2x6 weeks is not medically necessary.