

Case Number:	CM14-0032817		
Date Assigned:	06/20/2014	Date of Injury:	04/30/2012
Decision Date:	07/24/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/14/2014

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 Alabama. 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 36 year old male who was injured on 04/30/2012 while he was testing a boat at full speed when it hit two waves quite hard. The patient underwent back surgery on 11/15/2004 for herniated disc. Prior treatment history has included physical therapy and improved temporarily. Progress report dated 03/06/2014 states the patient complained of increased low back pain which is associated with radicular pain into the lower extremities. Most of his radicular symptoms are into the left buttocks and leg. Objective findings on exam revealed tightness in the paravertebral musculature of the lumbar spine. There is tenderness over the spinous processes at L4-L5-S1. He has positive straight leg raise on the left at 70 degrees and on the right at 80 degrees. He has 2+ knee reflexes and weakness of the extensor hallucis longus on the left side. Diagnosis is HNP L5-S1. The treatment plan included daily lumbar exercises, continue H-wave and medications were refilled. Prior utilization review dated 03/10/2014 states the request for outpatient physical therapy twice a week for 4 weeks is not authorized as the patient suffers from chronic back pain. He has had failed physical therapy in the past and H-wave provides little relief. It is unclear how the patient can benefit from more physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Physical Therapy two (2) times a week times (4) weeks to lower back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

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

Decision rationale: The above MTUS guidelines state that for physical medicine to "allow for fading treatment frequency (from up to 3 visits per week to 1 or less), plus self-directed home Physical Medicine." The above ACOEM guidelines state that "General Exercise Approach: Chronic Episodic Low Back Pain and Radicular Pain: For patients with mild symptoms or a flare up of symptoms, the treatment focus is on education regarding home management and exercise. Individuals with mild symptoms and minimal functional limitations may receive a therapy evaluation and 1 follow-up visit to adjust the home therapy program. For individuals with moderate to severe flare-up with mild severe disability, treatment should consist of a progressive exercise program first emphasizing flexibility and aerobic exercises and progressing to strengthening treatment frequency of 1 to 3 visits a week up to a maximum of 12 visits. Reassessment should occur after Visit 6, with continuation based on patient compliance, objective functional improvement, and symptom reduction." The patient has already completed physical therapy in the past. Progress note from 3/6/14 states "recent increase in lower back pain, with associated radicular pain into the lower extremities... Pt has moderate tightness in the paravertebral musculature of the lumbar spine. He has tenderness over the spinous processes at L4-5-S1... He has straight leg raising on the left at 70 degrees and on the right at 80 degrees with pain referred to the midline of the lower back." There is no mention of severity of pain in the note, whether symptoms are mild or moderate or severe. There is no indication of disability on the physical examination. There is no documented history to support authorization for physical therapy in this case. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.