

Case Number:	CM14-0033259		
Date Assigned:	06/20/2014	Date of Injury:	02/03/2012
Decision Date:	07/22/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/17/2014

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 Illinois. 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 36 year old male who reported an injury on 02/02/2012 where he attempted to lift a large commercial tire. The injured worker was diagnosed with lumbar disc degenerative disease, lumbosacral radiculitis, chronic intractable pain, insomnia and depression. The physician notes an antalgic gait with a right leg limp. The injured worker states pain is 9/10 and causes radiating cramping pain. Conservative care was initiated which the injured worker stated did not help. Medications were Norco, Wellbutrin, Ambien, and Clonazepam. The injured worker states pain with medications the pain is reduced to 7-8/10. On 12/10/2012 the injured worker told his physician there was a "60%" two to three week improvement in range of motion after receiving the transforaminal epidural steroid injections. The physician is requesting physical therapy two times a week for six weeks. The request for authorization is signed and dated 02/21/2014 and ready for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x3 (6 visits): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Therapy.

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

Decision rationale: The injured worker notes no improvement to his condition. Under the California MTUS guidelines for physical medicine, passive therapy 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 improve the rate of healing soft tissue injuries. 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. The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. Injured workers with neuralgia, neuritis, and radiculitis, are allowed 8-10 visits over 4 weeks. The injured worker did not respond to physical therapy and noted no improvement to reduction in pain. There is also no mention of instruction or compliance with home therapy. As such, the request is not medically necessary.