

Case Number:	CM14-0035973		
Date Assigned:	06/23/2014	Date of Injury:	04/23/2013
Decision Date:	07/29/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/24/2014

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 45-year-old female who reported an injury on 04/23/2013 from moving plastic floor mats. The injured worker has a history of back and neck pain. Upon examination on 02/06/2014, the injured worker continued to suffer from low back pain with radicular pain to both legs with more pain in the left than the right. The injured worker had neck pain that would be in both hands and shoot to the right upper extremity. The pain radiated to the left shoulder, left lower extremity, right shoulder, right upper extremity, and the right lower extremity. On average, the pain level was 8/10 on a pain scale of 0 to 10. Anterior flexion of the lumbar spine is noted to be at 50 degrees with lumbar flexion causing pain. Extension of the lumbar spine is noted to be 15 degrees with pain. The straight leg raising test is negative to the left, and positive to the right. The injured worker has diagnosis of status post back sprain/strain on 04/23/2013. The diagnostic studies were lumbar MRI which indicated moderate disc herniation at L5-S1 and mild disc herniation at L4-5. Prior treatment included physical therapy. Medications included tramadol 50 mg tab (1 every 4 hours as needed), Zanaflex 4 mg tab (1 twice a day), Diclofenac ER 100 mg (1 tablet twice a day), and Prilosec 20 mg capsule (1 cap once a day). The Request for Authorization form was not submitted within the documentation provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fourteen (14) Physical therapy visits for the lumbar spine: Upheld

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

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

Decision rationale: The request for 14 physical therapy visits for the lumbar spine is non-certified. The injured worker has a history of back and neck pain. The California MTUS guidelines state that 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. The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. Physical Medicine Guidelines recommend allowing for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. There is insufficient information as to the functional deficits for the injured worker. The guidelines recommend up to 10 visits. As such, the request for 14 physical therapy visits for the lumbar spine is non-certified.