

Case Number:	CM14-0055965		
Date Assigned:	07/09/2014	Date of Injury:	12/13/2009
Decision Date:	08/26/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/25/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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:

This is a 53-year-old female who sustained a work related injury to her lumbar spine on 12/13/2009 as a result of lifting a bucket of water into a sink to dump the water when she felt a terrible pain in her back. In the interim history she underwent a spinal fusion in 2011. Since then she has had nearly continuous lower back pain. On her most recent re-evaluation follow-up with pain management dated Mar 21, 2014, she reports her lumbar pain as 6/10 in intensity that was somewhat relieved with an injection the previous week that radiates down the right leg. On physical examination she has myospasm of the lumbar spine paraspinal musculature and right gluteal trigger points. In addition she has a right hip trochanteric bursitis. Her current treatment regimen includes Tramadol 50mg qid, use of prune juice for constipation, continue physical therapy three times a week for two weeks, a trigger point injection a 'Myer's pain cocktail'. In dispute is a decision for Physical Therapy 3 X 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 11-12, 98-99.

Decision rationale: Physical Medicine (Therapy): In general it is recommended that active therapy was found to be of greater benefit than passive therapy. The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. 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. If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. Afterward and with documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Patients shall be reevaluated following continuation of therapy when necessary or no later than every forty-five days from the last evaluation to document functional improvement to continue physical medicine treatment. Frequency of visits shall be gradually reduced or discontinued as the patient gains independence in management of symptoms and with achievement of functional goals. The patient has a lack of clear documentation regarding improvement in functionality, pain reduction or ability to perform activities of daily living as result of physical therapy provided thus far. In fact in subsequent pain management re-evaluation forms it clearly states the patient having failed conservative management, to include 'therapy'. As the patient has not had improvement with previous physical therapy, further treatment is not warranted.