

Case Number:	CM14-0061132		
Date Assigned:	07/16/2014	Date of Injury:	08/23/2011
Decision Date:	08/21/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/02/2014

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, has a subspecialty in Interventional Spine 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 patient is a 50 year old with an injury date on 8/23/11. Patient complains of lower lumbar pain with stiffness, accompanied by right upper/outside leg numbness, with pain rated 3-4/10 per 4/11/14 report. Patient is working but has to stop frequently due to neck/shoulder pain on the right per 4/11/14 report. Based on the 4/11/14 progress report provided by [REDACTED] the diagnoses are brachial neuritis and myalgia. Exam on 4/11/14 showed lumbar range of motion on flexion/extension decreased by 50%. Numbness over lateral femoral cutaneous nerve. Right psoas is very tight. [REDACTED] is requesting physical therapy times 6 visits for low back. The utilization review determination being challenged is dated 4/18/14. [REDACTED] is the requesting provider, and he provided treatment reports from 11/1/13 to 4/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy times 6 visits for low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS pages 98, 99:Recommended as indicated below. 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. 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. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007) Physical Medicine Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks Page(s): 98-99.

Decision rationale: This patient presents with lower back pain. The treater has asked for physical therapy times 6 visits for low back on 4/11/14. The 1/15/14 AME states patient had 12 physical therapy sessions for lower back sometime in early 2013. The 11/8/13 report states patient has failed conservative therapy such as medication and physical therapy, and pain complaints have gotten worse over time. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, the treater has asked for 6 physical therapy sessions for the lumbar spine but does not specify the reason for additional therapy. Reports indicate that the patient has failed prior therapy and it is not known what will be accomplished with additional therapy. The treater does not explain why the patient is unable to perform the necessary home exercises either. The request is not medically necessary.