

Case Number:	CM14-0069272		
Date Assigned:	07/14/2014	Date of Injury:	08/14/2013
Decision Date:	12/22/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/14/2014

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 Family Medicine 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 31 year-old male who was injured at work on 8/14/2013. The injury was primarily to his back. He is requesting review of denial for physical therapy x 12 for the lumbar spine. Medical records corroborate ongoing care for his injuries. He had an MRI on 11/14/2013 of his lumbar spine which demonstrated the following: Degenerative disc disease and facet arthropathy with retrolisthesis L2-3, L3-4, and L4-5; L4-5 mild-to-moderate canal stenosis and mild left neural foraminal narrowing. He was treated with NSAIDs and muscle relaxants and was referred to a physical medicine & rehabilitation specialist in December, 2013. He had also received a lumbar epidural steroid injection. The records suggest that the patient had undergone prior physical therapy sessions; however, it is unclear how many sessions the patient has had prior to the request for 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy X12 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 Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Complaints, Physical Therapy

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of Physical Medicine modalities such as physical therapy. These guidelines indicate that physical therapy is 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)The guidelines also comment on the number and frequency of physical therapy sessions.They state the following: 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 weeksThe Official Disability Guidelines (Chapter on Low Back Lumbar & Thoracic (Acute & Chronic) also comment on the use of physical therapy. The ODG states that for physical therapy: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical therapy. For "intervertebral disc disorders without myelopathy" the ODG recommends (10 visits over 8 weeks). Based on the criteria from these two sources, there is no medical justification for 12 physical therapy sessions for the lumbar spine. The records suggest that the patient already has engaged in physical therapy sessions; however, it is unclear how many sessions were completed to date. Further, the requested number of physical therapy sessions exceeds the maximum number (10 visits over 8 weeks) as described in the MTUS and ODG guidelines. Therefore, physical therapy x 12 for the lumbar spine is not considered as medically necessary.