

Case Number:	CM14-0123154		
Date Assigned:	09/16/2014	Date of Injury:	04/17/1996
Decision Date:	03/24/2015	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	08/04/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New York, Tennessee
Certification(s)/Specialty: Emergency Medicine

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 female, who sustained an industrial injury on April 17, 1996. The mechanism of injury is unknown. The diagnoses have included history of anterior cervical fusion ten years ago, adjacent segment C3-4 facet arthrosis, history of lower back fusion ten years ago and adjacent segment L4-5 facet arthropathy. Treatment to date has included diagnostic studies, physical therapy and medications. On May 27, 2014, the injured worker complained of ongoing neck pain, lower back pain, mechanical and periodic radicular symptoms. Notes stated that she benefits from topical analgesics and anti-inflammatory medication. On July 7, 2014, Utilization Review non-certified additional physical therapy 2-3 x 4 weeks for the back, noting the MTUS/ACOEM and Official Disability Guidelines. On August 4, 2014, the injured worker submitted an application for Independent Medical Review for review of additional physical therapy 2-3 x 4 weeks for the back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2-3 x/week for 4 weeks, back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Guidelines (Lumbar)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 98-99.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. ODG states that physical therapy is more effective in short-term follow up. Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Recommended number of visits for myalgia and myositis is 9-10 visits over 8 weeks; and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. In this case the patient has prior treatment with physical therapy and there is no documentation of objective evidence of functional benefit. In addition the requested number of 12 visits surpasses the maximum number of ten recommended for treatment. The request should not be authorized.