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| Case Number: | CM14-0198136 | | |
| Date Assigned: | 12/08/2014 | Date of Injury: | 06/27/2012 |
| Decision Date: | 01/20/2015 | UR Denial Date: | 11/13/2014 |
| Priority: | Standard | Application Received: | 11/25/2014 |

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 Internal 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 injured worker (IW) is a 56-year-old man with a date of injury of June 27, 2012. The mechanism of injury occurred when the IW was pulling a chair towards the desk, the wheel of the chair got stuck and the IW was pulled forward. She lost balance and pulled muscles. She sought medical treatment and had chiropractic treatment and 6 sessions of physical therapy (PT). The IW received a lumbar epidural steroid injection on February 15, 2013 which provided her with 80% pain relief at rest, but was still painful with activities. Current working diagnoses include lumbar spine strain/sprain, and lumbar disc bulge with radiculitis, status post epidural injection. The IW saw a spine surgeon who recommended a lumbar spine fusion. Electrodiagnostic studies showed a mild chronic L4/L5 radiculopathy on the right greater than left. Pursuant to the Primary Treating Physician's Progress Report dated November 11, 2014, the IW complains of numbness and tingling, pain and spasms down both legs. Physical examination indicates heel and toe walking was unable to be performed. The IW is overweight. Sitting root test was positive on the right. Straight leg raise test is positive bilaterally. Lumbosacral range of motion testing: flexion at 80 degrees, extension at 20 degrees, and all other planes were normal. The injured worker received prior chiropractic treatment and 6 sessions of physical therapy. The physician's plan is to order physiotherapy two times per week for four weeks to the neck, shoulders and lower back. The documentation in the medical records does not contain evidence of prior physical therapy or chiropractic therapy or evidence of objective functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy 2 times a week for 4 weeks for the neck, shoulders and lower back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck, Shoulder/Back Sections; Physical Therapy

Decision rationale: Pursuant to the Official Disability Guidelines, physiotherapy two times a week for four weeks is not medically necessary. 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 negative direction (prior to continuing with the physical therapy). The Official Disability Guidelines enumerate physical therapy frequency and duration according to the specific disease state. In this case, there is a single progress note dated November 11, 2014. The injured worker's working diagnoses are sprain/strain lumbar spine; and lumbar disc bulge with radiculitis, status post epidural injection. Electrodiagnostic studies showed a mild chronic L4/L5 radiculopathy on the right greater than left. The injured worker received prior chiropractic treatment and 6 sessions of physical therapy. The physician's plan is physiotherapy two times per week for four weeks to the neck, shoulders and lower back. The documentation in the medical records not contain evidence of prior physical therapy or chiropractic therapy or evidence of objective functional improvement in the medical record. Consequently, absent the appropriate clinical documentation and evidence of objective functional improvement, additional physiotherapy two times a week for four weeks is not clinically indicated. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, physiotherapy two times a week for four weeks is not medically necessary.