

Case Number:	CM14-0199978		
Date Assigned:	12/10/2014	Date of Injury:	01/06/2010
Decision Date:	01/28/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/01/2014

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 Emergency Medicine, and is licensed to practice in New York. 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 is a 65 year old individual with a date of injury 11/6/2010. The mechanism of the injury was not included with the submitted documentation. The injured worker had complaints of low back pain and stiffness. The injured worker received physical therapy. The injured works diagnosis was lumbar spondylosis and lumbar radiculopathy. There was no physical therapy documentation submitted with completed visits with results of the physical therapy or complete MD visits. MD progress note from 10/24/2014 noted that the injured worker had "good days and bad days" and continued with low back pain and stiffness with a decreased range of motion. The MD treatment was to continued with home exercises and rest. The injured work was ordered Physical therapy for the continued back pain and stiffness. On 11/13/2014 Utilization Review Non-certified for Physical Therapy 2 times a week times 4 weeks for the lumbar spine is not medically necessary or appropriate per CA MTUS, Physical Medicine Guidelines there was no objective finding regarding the outcome of prior treatment including range of motion, strength or functional activity levels to support the current request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x4 for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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 there is no documentation regarding the effectiveness of prior physical therapy. In addition the requested number of 8 visits surpasses the number of six visits recommended for clinical trial. The request should not be medically necessary.