

Case Number:	CM14-0202820		
Date Assigned:	12/15/2014	Date of Injury:	10/31/2012
Decision Date:	01/30/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/04/2014

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. The expert reviewer is Board Certified in Family Practice, and is licensed to practice in North Carolina. 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:

This 61 year old male sustained a work related injury on 10/31/2012. According to the Utilization Review, the mechanism of injury was reported to be injury from a rear-end motor vehicle accident. The current diagnoses are moderate degenerative disc and facet disease with stenosis at C5-6 and C6-7, lumbar degeneration L1-S1, worse at L4-S1, and disc bulges and foraminal stenosis L3-S1. According to the progress report dated 9/3/2014, the injured workers chief complaints were low back pain that is worse with prolonged activity. The physical examination of the lumbar spine revealed muscle spasm, guarding with motion, restricted and painful range of motion, and difficulty walking, changing positions, and getting onto the exam table. Gait is antalgic. At the injured workers request, he was given two localized trigger point injections into the sacroiliac distribution. The injured worker noted reduced pain immediately following the procedure. On this date, the treating physician prescribed 12 physical therapy sessions, which is now under review. The physical therapy was prescribed specifically for strength, flexibility, range of motion, and overall conditioning. In addition to physical therapy, the treatment plan included Valium, Norco, and Glucosamine Chondroitin. When physical therapy was first prescribed work status was permanent and stationary. On 11/24/2014, Utilization Review had non-certified a prescription for 12 physical therapy sessions. The physical therapy was modified based on meeting established medical necessity protocol. The Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: The California chronic pain medical treatment guidelines section on physical medicine states: 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 therehabilitation 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 treatmentprocess 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 passivetreatments 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.The request is for physical therapy to improve the lumbar range of motion, core strength and activity tolerance. Physical therapy is a recommend treatment of chronic pain per the California MTUS. However the goal is to transition to home therapy after a recommended amount of sessions. The request is in excess of the recommended amount of sessions per the guidelines. Therefore the request is not medically necessary and appropriate.