MAXIMUS Federal Services

Case Number:	CM14-0216292		
Date Assigned:	01/06/2015	Date of Injury:	10/01/2010
Decision Date:	04/07/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/24/2014

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 Jersey, Michigan, California
Certification(s)/Specialty: Neurology, Neuromuscular 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 68-year-old female with an industrial injury dated 10/01/2010. Her diagnoses include lumbar spine herniated nucleus pulposus, lumbago, lumbar disc disorder/myelopathy, sciatica, and drop foot. No recent diagnostic testing was submitted or discussed. Previous treatments have included conservative measures, medications, injections, acupuncture and physical therapy. In a progress note dated 10/13/2014, the treating physician reports continued lumbar pain radiating down the left leg, difficulty with sleeping on her left side with a nighttime pain rating of 7-8/10 and day time pain rating of 5/10. The objective examination revealed mild tenderness to palpation of the lumbar spine, and restricted range of motion in the lumbar spine. The treating physician is requesting 8 sessions of physical therapy for the lumbar spine which was denied/modified by the utilization review. On 12/01/2014, Utilization Review non-certified a request for physical therapy 2 times per week for 4 weeks for the lumbar spine. No rationale or guidelines were provided as the detailed peer review report was not submitted. On 12/24/2014, the injured worker submitted an application for IMR for review of physical therapy 2 times per week for 4 weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 4 weeks for lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to MTUS guidelines, Physical Medicine 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).There is no documentation of objective findings that support musculoskeletal dysfunction requiring more physical therapy. There is no detailed, recent and objective evaluation of the patient lumbosacral spine condition. There is no documentation of the outcome of previous physical therapy session. There is no justification for the prescription of 8 sessions of physical therapy without documentation of the efficacy of the first visits. Therefore, Physical therapy 2 times a week for 4 weeks for lumbar spine is not medically necessary.