

Case Number:	CM14-0071337		
Date Assigned:	07/14/2014	Date of Injury:	10/13/2013
Decision Date:	01/02/2015	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/16/2014

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 Neuromuscular/Neurology and is licensed to practice in New Jersey. 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 63 year old female sustained work related industrial injuries on October 13, 2013. The mechanism of injury involved a fall at work. The injured worker reported that she fell on a rack causing injury to lower back, right ankle and wrist. She subsequently complained of persistent lower back pain. The injured worker was diagnosed with lumbar strain. Treatment consisted of pain medication, magnetic resonance imaging (MRI) of spine, physical therapy sessions, neurologist consult and periodic follow up visits. On November 26, 2013, documentation noted that the injured worker continues to have lower back pain. Objective findings revealed fair range of motion and tenderness in the left para lumbar. According to neurologist consult dated 1/22/2014, MRI revealed L4-5 moderate disc desiccation with anterior osteophytes and mild posterior disc bulge without canal compromise and mild/moderate foraminal stenosis. Documentation also noted that the injured worker had loss of lumbar lordosis. However, there was no radiographic imaging report included in medical record. The injured worker was diagnosed with lumbar disc disease. As of April 24, 2014, the injured worker has a modified work status with limitations. The treating provider report dated April 24, 2014, noted that the injured worker was improving and that the physical therapy was helping. The treating physician prescribed services for twelve additional physical therapy sessions for the lumbar spine now under review. On April 30, 2014, Utilization Review evaluated the prescription for twelve additional physical therapy sessions requested on April 24, 2014. Upon review of the clinical information, UR noncertified the request for continued physical therapy sessions noting there was no clinical indication beyond the 12 physical therapy visits previously provided. This UR decision was subsequently appealed to the Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 3x4 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 the efficacy and outcome of previous physical therapy sessions. The patient underwent 12 sessions of physical therapy without clear documentation of efficacy. There is no recent objective findings that support musculoskeletal dysfunction requiring additional physical therapy. There is no documentation that the patient cannot perform home exercise. Therefore, Additional physical therapy 3x4 lumbar spine is not medically necessary.