

Case Number:	CM15-0001095		
Date Assigned:	01/12/2015	Date of Injury:	04/19/2011
Decision Date:	03/11/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/05/2015

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: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 64 year old male sustained work related industrial injuries on 4/19/11. The injuries were cumulative in nature with complaints of back pain and bilateral lower extremity pain. The injured worker was diagnosed and treated for lumbago, thoracic pain and myofascial pain syndrome. Treatment to date has included diagnostic studies, prescribed medications, physical therapy, extra-corporeal shockwave therapy, localized neurostimulation treatments, consultations, activity modifications and periodic follow up visits. Per treating provider report dated October 9, 2014, the injured worker currently complains of pain in the mid/ upper back, lower back and bilateral knees. Objective findings revealed tenderness to palpitation and palpable spasms with restricted motion in the cervical, thoracic and lumbar spine. Straight leg raise test was positive bilaterally. Trigger points were also present in the thoracic and lumbar spine. Bilateral knee exam revealed tenderness to palpitation and a positive McMurray's test. The treating physician prescribed continued physical therapy, lumbar spine 2 x 6. On December 30, 2014, the Utilization Review (UR) evaluated the prescription for continued physical therapy, lumbar spine 2x6. Upon review of the clinical information, UR non-certified the request for continued physical therapy, lumbar spine 2 x6, noting the lack of clinical documentation to support medical necessity and reasons why a prescribe home therapy exercise program would be insufficient to address in remaining functional deficits. The MTUS was cited. On January 5, 2015, the injured worker submitted an application for IMR for review of continued physical therapy, lumbar spine 2 x 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy, lumbar spine 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 98-99. Decision based on Non-MTUS Citation Low Back, Physical therapy

Decision rationale: The MTUS notes that 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) 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) 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 week. The ODG guidelines recommend physical therapy for lumbar sprains and strains (ICD9 847.2): 10 visits over 8 weeks, and for sprains and strains of unspecified parts of back (ICD9 847): 10 visits over 5 weeks. In this case the injured worker has had many previous physical therapy sessions with no indication that a home exercise program has been established as recommended in the MTUS and published guidelines. The current request for 12 additional visits exceeds the recommended number of visits for lumbar strain. The request for additional physical therapy 2x6, lumbar is not consistent with the MTUS and ODG guidelines and is not medically necessary.