

Case Number:	CM15-0008147		
Date Assigned:	01/26/2015	Date of Injury:	06/16/2014
Decision Date:	03/16/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/14/2015

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: Florida, New York, Pennsylvania
Certification(s)/Specialty: Family Practice

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 is a 33 year old male who sustained a work related injury on June 16, 2014. He complained of low back pain and numbness of the extremities after a ladder he was standing on shifted. Treatment included anti-inflammatory medication, pain medication, and physical therapy for 18 sessions, x rays, Magnetic Resonance Imaging (MRI), electromyogram, work modifications and epidural steroid injections. Currently, the injured worker complains of constant burning and aching pain, decreased range of motion with low back pain. Diagnoses included neuropathy, bulging disc and degenerative disc disease. On December 15, 2014, a request for a service of physical therapy two times a week for 6 weeks for low back pain was non-certified by Utilization Review, noting the California MTUS chronic pain medical treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2x6 weeks low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Part 2 Page(s): 98, 99.

Decision rationale: 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. However the benefit of PT quickly decreases over time. Therefore allowances should be made and plans for fading of treatment frequency anticipated. With flares of LBP a brief reintroduction to facilitate refreshing the individuals memory for technique and restarting home exercise routines can be supported, but not a wholesale return to a full course of PT which in this case did not include the expectation of fading (tapering) of frequency. The member had completed a reported 18 treatments and was still reported to be unfit for work. Despite the complaints of continued R sided radiating numbness, pain and tingling down the leg the EMG from 9/29/14 found nerve conduction to be normal bilaterally with no evidence for neuropathy. There is no documentation to suggest substantive persistent benefit from PT or an acute flare from his baseline LBP to suggest utility for the request for 2/wk X 6wks of PT. Therefore the UR Non-Certification is supported.