

Case Number:	CM15-0008936		
Date Assigned:	01/26/2015	Date of Injury:	06/13/2014
Decision Date:	03/17/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/15/2015

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: 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 25 year old male, who sustained an industrial injury on 6/13/14. The injured worker has complaints of low back and right leg pain. The injured worker reports that he is having left side buttocks when he walks and goes up and down stairs and feels this is due to compensating for the right-sided pain. The diagnoses have included lumbosacral strain, rule out right lumbosacral radiculopathy in view of pain down the right posterior thigh with decreased sensation in that area; possible lumbar facet syndrome and right S-I joint dysfunction. The documentation noted that he had a Magnetic Resonance Imaging (MRI) from 8/26/14 showed no significant pathology. Work status is noted that he may work with no lift or carrying over 15 pounds, no push or pull over 20 pounds, no bending/twisting or squatting. The documentation noted on 11/3/14 the injured worker did physical therapy twice a week for four weeks and that it did help a lot and was given some exercises for home. According to the utilization review performed on 12/17/14, the requested physical therapy 2x WK x 4WKs to the right SI joint and lumbar spine has been modified to physical therapy 2 sessions right SI joint and lumbar spine. The utilization review noted that a number of completed physical therapy was not documented in the medical records submitted with this request and the guidelines recommend 8-10 visits over 4 weeks with transition to a home exercise program. CA MTUS 2009; 9792.24 Chronic Pain Medical Treatment Guidelines Page 99 Physical Medicine Guidelines and ODG Hip and Pelvis (updated 10/9/14) and ODG Low Back (updated 11/21/14) were used.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 4 to the right SI joint and lumbar spine: Upheld

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

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 documentation of outcome of previous physical therapy sessions. There is no documentation of objective neurologic and muscular skeletal deficits requiring more physical therapy Therefore, the request for Physical therapy 2 x 4 to the right SI joint and lumbar spine is not medically necessary.