

Case Number:	CM15-0132324		
Date Assigned:	07/20/2015	Date of Injury:	04/08/2014
Decision Date:	08/24/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/09/2015

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: California, District of Columbia, Maryland

Certification(s)/Specialty: Anesthesiology, Pain Management

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 24 year old male, who sustained an industrial injury on 4/8/14. An initial complaint was a low back injury. The injured worker was diagnosed as having chronic lumbar strain. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 6/3/15 indicated the injured worker complains of frequent to slight lower back pain and describes the pain as achy with a throbbing and stabbing sensation. The pain radiates up his mid back when pain is sharp. Standing and sitting for prolonged periods of time aggravate his symptoms and he rates the pain as 2-4/10. The provider notes lumbar x-rays are within normal limits. His physical examinations notes lumbar range of motion is within normal limits. On palpation, there was muscle spasms over the paravertebral are bilaterally and localized tenderness over the paravertebral muscles and sacroiliac joints and piriformis muscle. His gait was normal and heel/toe walking normal. The Burn's and Hoover tests were negative. He has no pain with the unattended flexion. His patellar reflex, Achilles reflex were normal bilaterally. Sensation is noted as intact throughout the L3, L4, L5 and S1 areas bilaterally. Power is normal in the quadriceps on dorsiflexion and plantar flexion of the great toe bilaterally and Babinski's sign negative bilaterally with no clonus. His straight leg raise in supine and sitting positions were negative bilaterally. Contralateral leg raise and Patrick Fabere test was negative bilaterally. The provider is requesting authorization of additional physical therapy two times a week for six weeks for lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical therapy two times a week for six weeks for lumbar spine Qty: 12:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Practice Guidelines 2nd Edition (2004) - Insight AKA APG Insights, Fall 2004 Winter 2005 page 1; Work Loss Data Institute Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back physical Therapy.

Decision rationale: Per MTUS CPMTG, physical medicine guidelines state: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." The ODG Preface specifies Physical Therapy Guidelines, "There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of "passive care" (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end; (5) Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." Per the ODG guidelines: Lumbar sprains and strains (ICD9 847.2): 10 visits over 8 weeks. The documentation submitted for review indicates that the injured worker was treated with physical therapy 4/2014 which he continued through 10/2014. Treatment included 24 sessions of physical therapy. It was noted that the injured worker had less pain, with exam showing improved range of motion with less tenderness to palpation. However, as the request is in excess of the guidelines, medical necessity cannot be affirmed. Furthermore, the injured worker should have been transitioned to self-directed home therapy.