

Case Number:	CM15-0146564		
Date Assigned:	08/07/2015	Date of Injury:	01/25/2012
Decision Date:	09/03/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/28/2015

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: North Carolina

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 worker is a 54 year old female who sustained an industrial injury on 01-25-2012. There was no mechanism of injury documented. The injured worker was diagnosed with lumbar disc herniations, lumbar radiculopathy, facet arthropathy of the lumbar spine and depression. The injured worker is status post left sided micro lumbar decompression of L4-L5 on January 22, 2015. Treatment to date has included diagnostic testing, lumbar transforaminal epidural steroid injection, surgery, physical therapy (12 sessions post-operatively completed) and medications. According to the primary treating physician's progress report on July 10, 2015, the injured worker continues to experience back pain radiating down both lower extremities to the feet, left side greater than right side, with numbness in the feet after prolonged sitting or lying. The injured worker rates her lower back pain level at 6-8 out of 10 on the pain scale with medications and 9-10 out of 10 without medications. Examination of the lumbar spine demonstrated tenderness to palpation in the bilateral lower lumbar paraspinous regions with decreased sensation of the left L5 dermatome. Range of motion was documented as flexion at 30 degrees, extension at 10 degrees with pain and bilateral lateral bend at 10 degrees each. The tibialis anterior and extensor hallucis longus muscle and inversion were 4 plus out of 5 on the left and eversion at 5 minus out of 5 on the left. Straight leg raise was positive on the left at 60 degrees causing radiation of pain down the left leg to the calf and straight leg raise on the right at 60 degrees causing radiating pain down the right leg to the posterior thigh. Current medications are listed as Percocet 10mg-325mg and Flexeril. Treatment plan consists of continuing with home exercise program and medication regimen, psychological consultation, internal medicine follow-

up visits, medial branch block of L3-4 and L4-5 facet joints, transcutaneous electrical nerve stimulation (TEN's) unit and the current request for 12 sessions of additional post-operative physical therapy to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: The California chronic pain medical treatment guidelines section on physical medicine states: 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) 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 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The goal of physical therapy is graduation to home therapy after a certain amount of recommended sessions. The patient has already completed physical therapy. The request is in excess of these recommendations per the California MTUS. There is no objective reason why the patient would not be moved to home therapy after completing the recommended amount of supervised sessions. In the provided clinical documentation. Therefore, the request is not medically necessary.

