

Case Number:	CM15-0169082		
Date Assigned:	09/09/2015	Date of Injury:	08/11/2013
Decision Date:	10/07/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/27/2015

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 43-year-old male, who sustained an industrial injury on August 11, 2013, resulting in pain or injury to the neck and back. Currently, the injured worker reports aggravation of pain in the mid to low back. A review of the medical records indicates that the injured worker is undergoing treatment for thoracic sprain and lumbar sprain. On July 8, 2015, the Qualified Medical Evaluation (QME) noted the injured worker with difficulty with sleeping, and no difficulty reported in activities of daily living (ADLs) including self-care, communication, physical activity, and sensory function. Per the Primary Treating Physician's progress report dated July 22, 2015, noted the injured worker's pain continued to vary from 6-7 on a 0 to 10 scale, unchanged since January 2015, reporting his medication will reduce his pain sometimes, with the pain returning after the effects of the medication wears off. The injured worker reported that previous physical therapy helped reduce his pain and helped him be more functional. Physical examination was noted to show areas of tenderness from the base of the cranium to T1, including the rhomboids and trapezius, with paracervical palpation. The thoracic spine was noted to have tenderness to palpation on the mid thoracic paravertebrals primarily on the left side. The lumbar spine was noted to have tenderness to palpation at L4-L5 and L5-S1 with deep palpation primarily on the right side, with the ability to flex to six inches from the ground and go at the extreme range of extension, although painful. Straight leg raise was noted to cause hamstring tightness bilaterally. Sensation was noted to be intact to light touch and pinprick in all dermatomes in the bilateral lower extremities. The injured worker was noted to be working without any restrictions. The QME physician indicates that a MRI of the lumbar spine found facet degeneration at L4-L5 with left side disk bulging and minimal left foraminal encroachment. Prior treatments have included physical therapy, chiropractic treatments, home exercise program

(HEP), and oral and topical medications. The request for authorization was noted to request physical therapy for the lumbar spine 2x4. The Utilization Review (UR) dated July 31, 2015, determined the request for physical therapy for the lumbar spine 2x4 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for lumbar spine 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

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 requested amount of physical therapy is in excess of California chronic pain medical treatment guidelines. The patient has already completed a course of physical therapy. There is no objective explanation why the patient would need excess physical therapy and not be transitioned to active self-directed physical medicine. The request is not medically necessary.