

Case Number:	CM15-0185410		
Date Assigned:	09/25/2015	Date of Injury:	03/21/2015
Decision Date:	11/06/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/21/2015

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 York, Tennessee

Certification(s)/Specialty: Emergency 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 33 year old male, who sustained an industrial injury on March 21, 2015. Medical records indicate that the injured worker is undergoing treatment for lumbar pain and leg pain. The injured worker was noted to be working full duty. On (8-11-15) the injured worker complained of pain in both legs and hips. The injured worker also noted occasional numbness in the hands. Examination of the lumbar spine revealed lumbar spasms. A straight leg raise test was positive bilaterally. The injured worker was noted to have poor conditioning of the abdominal muscles. Left leg strength was documented but not described. On (4-10-15) the injured worker reported back pain and right thigh pain and on (4-17-15) he reported right-sided back pain and left thigh pain. Treatment and evaluation to date has included medications and a back support. Current medications include Aleve. The request for authorization dated 8-12-15 requests outpatient physical therapy to the lumbar spine 3 times a week for 2 weeks. The Utilization Review documentation dated 8-17-15 non-certified the request for outpatient physical therapy to the lumbar spine 3 times a week for 2 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy for the lumbar spine, three times weekly for two 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: Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. ODG states that physical therapy is more effective in short-term follow-up. 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). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Recommended number of visits for myalgia and myositis is 9-10 visits over 8 weeks; and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. In this case, the patient had prior treatment with 12 visits of physical therapy. There is no documentation of objective evidence of functional benefit. In addition, the requested physical therapy visits would bring the total to 18 treatments. This surpasses the recommended maximum of 10 visits. The request is not medically necessary.