

Case Number:	CM15-0191673		
Date Assigned:	10/05/2015	Date of Injury:	06/19/2014
Decision Date:	11/12/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/29/2015

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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

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 with a date of injury on 06-19-2014. The injured worker is undergoing treatment for chronic lumbar strain with radiculopathy, and suspect disc herniation and thoracic strain. A physician progress note dated 08-20-2015 documents the injured worker still has back pain and pain down his left leg with numbness. On examination he has tenderness on the lumbar spine and the thoracic area. He has pain with the arc of motion. He has some degree of tightness and spasm on the lumbar area. There is positive straight leg raise bilaterally. Range of motion is restricted. He lacks 15 inches to floor touch. An unofficial Magnetic Resonance Imaging report dated 09-12-2014 revealed disc disease at L4-L5 3mm, and L3-L4 1-2mm. He is not working. Treatment to date has included diagnostic studies, medications, modified duty, chiropractic therapy, and 18 physical therapy visits. The treatment plan is for a heating pad, pain management consultation for epidurals, and therapy for core strengthening program, and a follow up visit in 6 weeks. On 09-01-2015 Utilization Review non-certified the request for physical therapy 2 x 6 for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6 for the lumbar: 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: According to the CA MTUS/ ACOEM Chronic Pain Medical Treatment Guidelines page 9, therapy for chronic pain ranges from single modality approaches for the straightforward patient to comprehensive interdisciplinary care for the more challenging patient. Therapeutic components such as pharmacologic, interventional, psychological and physical have been found to be most effective when performed in an integrated manner. All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. Typically, with increased function comes a perceived reduction in pain and increased perception of its control. This ultimately leads to an improvement in the patient's quality of life and a reduction of pains impact on society. Physical therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instructions. 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. 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. In this case, the injured worker has already completed 18 physical therapy visits and there is no demonstration of functional benefit in the medical records. The number of visits already exceeds the recommended number of physical therapy visits set forth in the guidelines. In addition, there is no documentation that the worker has instituted a home exercise program. Therefore, the cited guidelines have not been met and therefore the request is not medically necessary.