

Case Number:	CM15-0195490		
Date Assigned:	10/09/2015	Date of Injury:	07/15/2006
Decision Date:	11/25/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/05/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45-year-old male who sustained an industrial injury on 7-15-2006. Diagnoses have included lumbar myalgia, myospasm, and neuritis-radiculitis. At the 4-24-2015 visit, it was noted the physician was ordering old MRI reports, however, these and discussion of results are not present in the provided medical records. Documented treatment includes 30 sessions of physical therapy noted to have occurred after the injury and stated to have been helpful, two sessions of acupuncture stated with "no relief," and medication. On 4-24-2015 the injured worker reported constant sharp, achy, numbing, tingling, cramping, stinging, shooting, pounding and constricting low back pain rated as 7 out of 10 while resting, and 10 out of 10 with activity. He reported weakness, numbness, giving way, locking, and swelling, and that the pain interfered with his ability to perform activities of daily living. Pain was noted to be worse in the morning and evening, and with bending, twisting, standing, sitting, lifting, reaching and walking. Physical examination revealed lumbar spine tenderness, guarding and spasms in the lower muscles surrounding the spine and gluteus, worse on the right. Straight leg test was positive, and range of motion was noted to be restricted due to pain and spasm. Flexion was measured as 30 degrees, Extension 10, and right-left lateral bending both 10 degrees. There was decreased sensation in the L4-5 dermatomes, and decreased sensation to light touch in the right foot. The treating physician's plan of care includes 12 sessions of physical therapy, 12 sessions of chiropractic therapy, and 6 sessions of aquatic physical therapy, all for the lumbar spine. These were non-certified on 9-10-2015. Work status as of 4-24-2015 was temporarily, totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, three times a week for four weeks to the lumbar: Upheld

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

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

Decision rationale: Based on the 04/24/15 progress report provided by treating physician, the patient presents with pain to low back and right leg. The request is for Physical Therapy, three times a week for four weeks to the lumbar. RFA with the request not provided. Patient's diagnosis on 04/24/15 includes lumbar myalgia, lumbar myospasm and lumbar neuritis/radiculitis. Physical examination to the lumbar spine on 04/24/15 revealed tenderness, guarding and spasms in the lower muscles surrounding the spine and gluteus, worse on the right. Range of motion restricted due to pain. Positive straight leg raise test. Sensation to light touch decreased in the right foot. Treatment to date has included imaging studies, physical therapy, acupuncture, and medications. Patient's medications include Flexeril, Voltaren and Prilosec. The patient is temporarily totally disabled, per 04/24/15 report. MTUS Physical Medicine Section, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Treater has not provided reason for the request. Per 04/24/15 report, treater states "On July 15, 2006, the patient was sent by his employer to seek medical attention. He was seen by a doctor who diagnosed him with arthritis. He had attended approximately 30 sessions of physical therapy, which helped him. He also attended two sessions of acupuncture therapy, which provided him no relief." Given the patient's condition, and a while since last course of physical therapy, a short course would appear to be indicated. However, treater has not provided a precise treatment history, nor reason patient is unable to transition into a home exercise program. Furthermore, the request for 12 sessions of PT exceeds what is allowed by MTUS for the patient's condition. Therefore, the request is not medically necessary.

Chiropractic three times a week for four weeks to the lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: Based on the 04/24/15 progress report provided by treating physician, the patient presents with pain to low back and right leg. The request is for Chiropractic three times a week for four weeks to the lumbar. RFA with the request not provided. Patient's diagnosis on

04/24/15 includes lumbar myalgia, lumbar myospasm and lumbar neuritis/radiculitis. Physical examination to the lumbar spine on 04/24/15 revealed tenderness, guarding and spasms in the lower muscles surrounding the spine and gluteus, worse on the right. Range of motion restricted due to pain. Positive straight leg raise test. Sensation to light touch decreased in the right foot. Treatment to date has included imaging studies, physical therapy, acupuncture, and medications. Patient's medications include Flexeril, Voltaren and Prilosec. The patient is temporarily totally disabled, per 04/24/15 report. MTUS guidelines, Manual therapy and Manipulation section, pages 58-59, recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. Treater has not provided reason for the request. Per 04/24/15 report, treater states, "On July 15, 2006, the patient was sent by his employer to seek medical attention. He was seen by a doctor who diagnosed him with arthritis. He had attended approximately 30 sessions of physical therapy, which helped him. He also attended two sessions of acupuncture therapy, which provided him no relief." Provided records do not indicate the patient had prior chiropractic sessions. Given the patient's condition, chiropractic treatment would appear to be indicated. However, the request for 12 sessions exceeds what is allowed by MTUS. Therefore, the request is not medically necessary.

Aquatic Physical therapy twice a week for three weeks to the lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

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

Decision rationale: Based on the 04/24/15 progress report provided by treating physician, the patient presents with pain to low back and right leg. The request is for Aquatic Physical therapy twice a week for three weeks to the lumbar. RFA with the request not provided. Patient's diagnosis on 04/24/15 includes lumbar myalgia, lumbar myospasm and lumbar neuritis/radiculitis. Physical examination to the lumbar spine on 04/24/15 revealed tenderness, guarding and spasms in the lower muscles surrounding the spine and gluteus, worse on the right. Range of motion restricted due to pain. Positive straight leg raise test. Sensation to light touch decreased in the right foot. Treatment to date has included imaging studies, physical therapy, acupuncture, and medications. Patient's medications include Flexeril, Voltaren and Prilosec. The patient is temporarily totally disabled, per 04/24/15 report. MTUS Guidelines page 22, Chronic Pain Medical Treatment Guidelines: Aquatic therapy is "recommended as an optional form of exercise therapy where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize effect of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see physical medicine. Water exercise improved some components of health related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains." MTUS Physical Medicine Section, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up

to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per 04/24/15 report, treater states, "On July 15, 2006, the patient was sent by his employer to seek medical attention. He was seen by a doctor who diagnosed him with arthritis. He had attended approximately 30 sessions of physical therapy, which helped him. He also attended two sessions of acupuncture therapy, which provided him no relief." In this case, there is no discussion provided as to why the patient cannot perform land-based therapy, mention that the patient is extremely obese or why he cannot transition into a home exercise program. Treater has not provided reason for the request, nor provided discussion as to why weight reduced exercises are required. There are no details about the need for the use of specialized equipment or swimming pool, either. Furthermore, the request for 12 sessions of aquatic therapy would exceed guideline recommendation. Therefore, the request is not medically necessary.