

Case Number:	CM15-0202484		
Date Assigned:	10/19/2015	Date of Injury:	01/31/2015
Decision Date:	12/01/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/15/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 26-year-old male, who sustained an industrial-work injury on 1-31-15. He reported initial complaints of upper and lower back pain. The injured worker was diagnosed as having multiligamentous injury of the lumbar spine, radiculitis, myofascitis, musculoligamentous injury of the thoracic spine, and stress-anxiety. Treatment to date has included medication, physical therapy, chiropractic sessions, acupuncture, diagnostics, and pain management consultations. Currently, the injured worker complains of low back pain and thoracic burning pain rated 7-8 out of 10. There was also depression, sleeplessness, fatigue, and anxiety. Per the primary physician's progress report (PR-2) on 9-4-15, exam noted reduced range of motion to the thoracic spine and lumbar spine with positive foraminal compression at T6-T12. Current plan of care includes therapy. The Request for Authorization requested service to include PT (physical therapy) 2x4 and Ultrasound Unit for home. The Utilization Review on 9-16-15 modified the request for PT (physical therapy) 2x2, emphasis on home exercise program and denied Ultrasound Unit for home, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2x4: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in January 2015 when he had low back and knee pain while lifting a 50-pound bag of horse feed. An MRI of the lumbar spine included findings of an L5/S1 disc extrusion and in July 2015 surgery had been recommended. Acupuncture and chiropractic treatments are documented and case notes reference completion of at least 12 physical therapy sessions. When seen, he was having thoracic and lumbar pain rated at 7-8/10. There was decreased range of motion with tenderness. Thoracic foraminal compression and Jackson compression tests were positive. Kemp's, Bechterew, Ely, and iliac compression testing was positive bilaterally. Authorization for 8 additional physical therapy sessions and a home ultrasound unit was requested. The claimant is being treated for chronic pain with no new injury and has already had physical therapy. Patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. The request is not medically necessary.

Ultrasound Unit for Home: 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): Ultrasound, therapeutic.

Decision rationale: The claimant sustained a work injury in January 2015 when he had low back and knee pain while lifting a 50-pound bag of horse feed. An MRI of the lumbar spine included findings of an L5/S1 disc extrusion and in July 2015, surgery had been recommended. Acupuncture and chiropractic treatments are documented and case notes reference completion of at least 12 physical therapy sessions. When seen, he was having thoracic and lumbar pain rated at 7-8/10. There was decreased range of motion with tenderness. Thoracic foraminal compression and Jackson compression tests were positive. Kemp's, Bechterew, Ely, and iliac compression testing was positive bilaterally. Authorization for 8 additional physical therapy sessions and a home ultrasound unit was requested. Therapeutic ultrasound is not recommended in the treatment of chronic pain. The effectiveness of ultrasound for treating people with pain, musculoskeletal injuries, and soft tissue lesions remains questionable. There is little evidence that active therapeutic ultrasound is more effective than placebo ultrasound for treating people with pain or a range of musculoskeletal injuries or for promoting soft tissue healing. A home ultrasound unit is not medically necessary.