

Case Number:	CM15-0208377		
Date Assigned:	10/27/2015	Date of Injury:	08/16/2013
Decision Date:	12/09/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/22/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This is a 29-year-old male with a date of industrial injury 8-16-2013 when he fell after his chair broke. The medical records indicated the injured worker (IW) was treated for lumbosacral radiculopathy; thoracic sprain-strain; and cervical radiculopathy. In the progress notes (8-21-15), no subjective comments were documented. At the 6-19-15 visit, the IW reported neck and back pain radiating into the upper and lower extremities with pain, paresthesia and numbness. He stated he required expert guidance in initiating a home exercise program. On examination (8-21-15 notes), tenderness, spasms and guarding continued in the lumbar paravertebral musculature with loss of range of motion. Sensation was decreased in the bilateral S1 dermatome with pain. Treatments included gabapentin, which was helping the pain and acupuncture (response to treatment was not documented). The IW was 'permanent and stationary'. Although the provider stated this was a request for "additional" physiotherapy, the records reviewed did not include any documentation of previous physical therapy. A Request for Authorization was received for physiotherapy three times a week for four weeks for the lumbar spine. The Utilization Review on 9-17-15 non-certified the request for physiotherapy three times a week for four weeks 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 3 x 4 lumbar: Overturned

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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Physical therapy.

Decision rationale: The MTUS notes that physical medicine is 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. For myalgia and myositis, unspecified, 9-10 visits over 8 weeks are recommended. For neuralgia, neuritis, and radiculitis, unspecified, 8-10 visits over 4 weeks. The ODG guidelines note that for Sciatica; Thoracic/lumbosacral neuritis/radiculitis, unspecified: 10-12 visits over 8 weeks are recommended. In this case the medical records indicate that physical therapy had been requested but there is no documentation that physical therapy was authorized or performed. The request for therapy 3 times per week for 4 weeks (12 visits total) is consistent with the ODG recommendations for lumbosacral neuritis/radiculitis. There is a current diagnosis of lumbosacral radiculopathy. The request for physical therapy 3 times per week for 4 weeks for the lumbar spine, including establishment of a home exercise program, is medically necessary.