

Case Number:	CM15-0022538		
Date Assigned:	02/12/2015	Date of Injury:	02/03/2012
Decision Date:	03/31/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/06/2015

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 51 year old female who sustained a work related injury February 3, 2012, to the low back with recent exacerbation January 8, 2015. Past history included right knee injury, left Achilles tendon and low back injury in the 1980's. According to a primary treating physician's progress notes dated January 27, 2015, the injured worker presented with ongoing lumbosacral spine pain, right and left lower back pain and left ankle pain. Diagnosis is documented as lumbar spine sprains and strains of unspecified parts of back. Treatment plan included Toradol intramuscular injection and request for physical therapy outside evaluation and treatment 2 x 3. Work status is documented as modified work with no stooping, bending, squatting, twisting or prolonged standing and no lifting over 10 pounds. According to utilization review dated January 30, 2015, the request for Physical Therapy outside evaluation and treatment (coccyx, lumbar Achilles, left leg/ankle/foot) (2) x (3) has been modified to Physical Therapy outside evaluation and treatment (coccyx, lumbar) (2) x (3) citing MTUS Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines (ODG-TWC) Low Back Procedure Summary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy outside eval and treatment 2x3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines Ankle and Foot Procedure

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 98-99.

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 initial request was for the coccyx, lumbar spine, and left leg/ankle/foot. Documentation in the medical record indicates that the patient's active problems are the lumbar spine with left foot paresthesias. This is consistent with lumbar spinal etiology. Physical therapy is not indicated for the left ankle/foot at this time. The request should not be authorized.