

Case Number:	CM15-0033488		
Date Assigned:	02/27/2015	Date of Injury:	03/01/2002
Decision Date:	04/10/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/23/2015

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 (IW) is a 51 year old male, who sustained an industrial injury on March 1, 2002. He has reported a low back injury. The diagnoses have included low back pain, and lumbar radiculopathy. Treatment to date has included a gym membership, chiropractic sessions, medications, and x-ray imaging. Currently, the IW complains of back pain while in bed. He reports pain shooting into his legs when he got out of bed. Physical findings indicated are lumbar range of motion limited to 10-20 degrees of flexion with minimal to no extension. He has tenderness and muscle spasm along the lumbar region, tenderness in the buttock area, a positive straight leg raise test, and diminished sensation in the S1 distribution. The records indicate he has had 8 physical therapy sessions, and transitioned to a home exercise program with no noted improvement. He has received 2 lumbar epidural steroid injections without noted improvement. On February 12, 2015, Utilization Review non-certified physical therapy for the low back. The MTUS, ACOEM, and ODG guidelines were cited. On February 23, 2015, the injured worker submitted an application for IMR for review of physical therapy for the low back, #8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for The Low Back Qty 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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 requested number of 8 visits surpasses the number of six recommended for clinical trial to determine functional improvement. In addition, prior treatment with physical therapy has not been beneficial. The request should not be authorized.