

Case Number:	CM14-0124852		
Date Assigned:	09/16/2014	Date of Injury:	12/31/2012
Decision Date:	10/31/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/07/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

There were 117 pages provided for this review. The application for independent medical review was signed on August 5, 2014. It was for physical therapy two times a week for four weeks for the lumbar spine. The date of injury was December 31, 2012. Per the records provided, as of July 8, 2014, the patient complained of constant low back pain which was rated 5 to 6 out of 10 with associated soreness, tightness as well as spasm in the flank area. Examination of the lumbar spine showed paraspinal spasm and tenderness. The patient was diagnosed with lumbar musculoligamentous strain and sprain with neurologic symptoms and possible facet arthropathy and mild stenosis at the L4-L5 level. As the patient stepped out of the car, the patient suddenly slipped on black ice and fell backwards. There was currently no medicines being taken. There was no surgery documented pertaining to the lumbar. There was an MRI of the shoulder without contrast from January 10, 2014. The patient has completed physical therapy but the number of completed visits and the response was not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xwk x4 wks Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

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

Decision rationale: The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 [REDACTED]): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 [REDACTED]) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 [REDACTED]): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: 1. Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient... Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. 2. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self actualization. Moreover, in this case, the objective, functional improvement out of the prior therapy sessions was not provided. This request for more skilled, monitored therapy was appropriately non-certified.