

Case Number:	CM14-0160826		
Date Assigned:	10/06/2014	Date of Injury:	03/07/2012
Decision Date:	11/03/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	09/30/2014

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 Emergency Medicine and is licensed to practice in New York. 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:

The claimant is a 51-year-old female who was injured on March 7, 2012. The patient continued to experience pain in her low back and hips. Physical examination was notable for muscle spasm of the right lumbar region, tenderness of the lumbar paraspinal muscles, and tenderness to the sacroiliac joint. Diagnoses included lumbago, lumbar sprain, lumbar radiculopathy, osteoarthritis pelvis, and cervical radiculopathy. Treatment included medications and physical therapy. Request for authorization for physical therapy for the lumbar spine three times weekly for 4 weeks was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 3 times per week for 4 weeks, for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: The 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, use of 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 it is 8-10 visits over 4 weeks. In this case the patient had prior treatment with physical therapy. There is no documentation of the number of treatments or of objective evidence of functional improvement. In addition the number of visits requested surpasses the maximum recommended number of visits as listed above. The request is not medically necessary or appropriate.