

Case Number:	CM14-0165810		
Date Assigned:	10/10/2014	Date of Injury:	04/08/2013
Decision Date:	12/15/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/08/2014

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 Orthopedic Surgery and is licensed to practice in Minnesota. 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 injured worker is a 53 year old male with a history of thoracic and lumbar pain radiating down both lower extremities to the knees. The injury resulted from moving some gear on 4/8/2013. An MRI scan of 5/17/2013 revealed an annular tear and a 6 mm protrusion at L5-S1 encroaching on both S1 nerve roots. There was bilateral neural foraminal stenosis at L5-S1. Moderate degenerative changes were present at L4-5 and L5-S1. The treatment has included 54 physical therapy sessions with the last 18 completed on 8/14/2014. A repeat MRI scan on that day showed no change. He is taking over the counter analgesics, and using a TENS unit. The last orthopedic note of 9/11/2014 reported no change in the subjective complaints or the examination findings. An MRI scan of the right hip was advised to rule out avascular necrosis of the femoral head. The diagnosis is Thoracolumbosacral myofascial syndrome with bilateral sciatica. The treatment prescribed was 3 x 6 physical therapy or chiropractic treatment. The disputed issue pertains to a request for 18 physical therapy sessions which were non-certified by UR for lack of evidence of functional improvement. A home exercise program is recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 18 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy

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

Decision rationale: Chronic pain guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. For neuritis and radiculitis 8 to 10 visits are recommended over 4 weeks and for myalgia 9-10 visits are recommended over 8 weeks. The use of active treatment modalities instead of passive is associated with much better clinical outcomes. A home exercise program is therefore essential. The request for 18 physical therapy visits after completion of 54 sessions is not medically necessary per evidence based guidelines, particularly in light of the absence of documented objective evidence of continuing functional improvement. The request for physical therapy x 18 as stated is not medically necessary.