

Case Number:	CM14-0096664		
Date Assigned:	09/15/2014	Date of Injury:	04/20/2013
Decision Date:	10/15/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	06/06/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

The injured worker is presented with a date of injury of April 20, 2013. A utilization review determination dated May 7, 2014 recommends non-certification of physical therapy two times per week for six weeks for the low back. A progress note dated March 19, 2014 identifies subjective complaints of constant nagging pain in the lower back at times becoming sharp, shooting, throbbing, and burning. The pain travels to her legs and feet, and she has episodes of numbness and tingling in her legs and feet with weakness in the legs. Her pain is aggravated coughing and sneezing, and her pain also increases with prolonged standing, walking, and sitting. The patient has difficulty bending, twisting, turning, and has difficulty sleeping due to awakening with pain and discomfort. Her pain level varies up to 10 depending on activities and her pain medications provide her with temporary pain relief. The patient reported that following her injury she was placed on light duty work, x-rays and an MRI the lower back were performed, she was given pain medication and anti-inflammatory agents, she was supplied with a back support, she was referred to physical therapy for her lower back at intervals of three times a week for approximately 4 weeks providing her temporary pain relief, she also received acupuncture and chiropractic treatments, and she was also administered a pain shot. Physical examination of the lumbar spine identifies tenderness and spasm in the paravertebral muscles, supine straight leg raising is 90 on the right and left, muscle strength is intact throughout the lower extremities, deep tendon reflexes are equal at the knee and ankle joints, and there is decreased sensation along the posterior leg and outer foot on the S1 dermatome with pain. The diagnosis listed is lumbosacral radiculopathy. The treatment plan recommends 12 sessions of physiotherapy for the lumbar spine, the patient needs instruction in a home exercise program as well as help in initiating the process of strengthening and improving range of motion, the patient states that the physical therapy provided through the office of the industrial clinic was largely passive in nature.

The treatment plan also recommends an anti-inflammatory with anti-gastritis medication, and a supply of topical patches for local relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice a week for six weeks for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back & thoracic

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy

Decision rationale: Regarding the request for physical therapy twice a week for six weeks for the low back, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. The Official Disability Guidelines (ODG) has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any objective functional improvement from the therapy already provided, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. In the absence of such documentation, the current request for physical therapy twice a week for six weeks for the low back is not medically necessary.