

Case Number:	CM14-0151066		
Date Assigned:	09/19/2014	Date of Injury:	02/14/2013
Decision Date:	02/25/2015	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/16/2014

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. 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 patient is a 51-year-old female who was injured on February 14, 2013. The patient continued to experience lumbosacral spine. Physical examination was notable for slight tenderness to the lumbosacral spine, no weakness, and decreased range of motion of the lumbar spine. Diagnoses included musculoligamentous strain of the lumbosacral spine, facet syndrome L5-S1 bilaterally, right L5 radiculopathy, and herniated disc L5-S1. Treatment included medications and physical therapy. Request for authorization for six visits physical therapy to the lumbar spine and sacrum 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 2x3 low back/lumbar/sacrum: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

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 peer review indicates that the patient has had prior treatment with physical therapy with no significant functional gain. There is no documentation of prior physical therapy or its results. Lack of documentation does not allow for determination of efficacy. The request should not be authorized.