

Case Number:	CM14-0216874		
Date Assigned:	01/06/2015	Date of Injury:	02/02/2013
Decision Date:	02/28/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/26/2014

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: California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

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

According to the records made available for review, the injured worker is a 22 year-old male with a date of injury of 02/02/2013. The results of the injury include low back pain. Diagnoses include lumbar strain with radiculopathy. Diagnostic studies have not been submitted for review. Treatments have included pain management and physical therapy. A progress note from the treating physician, dated 11/17/2014, documents a follow-up visit with the injured worker. The injured worker reported continued lumbar pain; and work is not causing any increased pain of the lumbar spine. The treating physician noted that the injured worker has not received any recent chiropractic treatments; and was seen for pain management evaluation, for which conservative care was recommended at that time. Objective findings included non-antalgic gait; tenderness to palpation over the upper, mid, and lower paravertebral muscles; range of motion is 25 degrees with flexion, 20 degrees with right lateral bending, 20 degrees with left lateral bending, 20 degrees with right lateral rotation, 25 degrees with left lateral rotation, and 15 degrees with extension; increased pain with lumbar motion; straight leg raising and rectus femoris stretch sign do not demonstrate any nerve irritability; decreased sensation in the bilateral L5 distribution, left more so than right; and grade 4/5 strength of the left extensor hallucis longus and tibialis anterior. The treating physician noted that the injured worker was instructed in soft tissue modalities, exercise, and participation in activity as tolerated and appropriate; and the judicious use of medications. Diagnoses listed by the treating physician consisted of lumbar spine strain, lumbar radiculopathy, and probable protrusion L4-L5, L5-S1. Work status includes a 20-pound lifting restriction. The treatment plan was documented to include continuing pain

management care as ordered, as well as follow-up visit in four weeks. Request is being made for a prescription for Physical Therapy for lumbar spine 2 x 10 weeks. On 12/08/2014, Utilization Review non-certified a prescription for Physical Therapy for lumbar spine 2 x 10 weeks. Utilization Review non-certified a prescription for Physical Therapy for lumbar spine 2 x 10 weeks based on the lack of documentation about response to initial physical therapy treatment sessions, or if the injured worker has any quantified functional improvement with previous physical therapy. The Utilization Review cited the CA MTUS: Physical Therapy. Application for independent medical review was made on 12/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for lumbar spine 2 x 10 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of physical therapy as a treatment modality. These guidelines state the following: Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The MTUS Guidelines also comment on the number of approved physical therapy sessions for a given condition. They state the following: -Physical Medicine Guidelines -Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercise program. -Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks. In this case the number of requested sessions exceeds the above cited MTUS recommendations for total number of visits. Further, there is no indication that there will be a fading of treatment frequency or efforts towards an active, self-directed home exercise program. For these reasons, Physical Therapy for the Lumbar Spine 2 X 10 Weeks is not considered as medically necessary.