

Case Number:	CM15-0010041		
Date Assigned:	01/27/2015	Date of Injury:	05/29/2014
Decision Date:	03/17/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/16/2015

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 56-year-old male, with a reported date of injury of 05/29/2014. The diagnoses include lumbar disc bulge. Treatments have included an MRI of the lumbar spine on 10/07/2014, which showed trace annular bulging of L1-L2 and L3-L4 without central canal narrowing and minimal lower lumbar facet arthropathy without foraminal narrowing. The medical report dated 11/11/2014 indicates that the injured worker developed an annular tear at the L5-S1 segment. It was also noted that the injured worker had a torn annulus which caused a bulging disc. The treating physician discussed the benefit of aquatic therapy. Physical therapy was not mentioned. The medical report dated 01/05/2015 indicates that the treating physician did not anticipate the need for surgery to the lumbar spine. The medical report from which the request originates was not provided in the medical records. On 01/12/2015, Utilization Review (UR) denied the request for eight (8) physical therapy visits two times a week for four weeks for the lumbar spine. The UR physician noted that there was no documentation of functional improvement with previous physical therapy, and no documentation of a rationale to support physical therapy over a self-directed home exercise program. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 4: Upheld

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

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

Decision rationale: According to MTUS guidelines, Physical Medicine is 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.(Colorado 2002) (Airaksinen 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz 2007).There is no documentation of objective findings that support musculoskeletal dysfunction requiring more physical therapy. There is no documentation of outcome of previous physical therapy sessions. There is no documentation of objective neurologic and muscular skeletal deficits requiring more physical therapy Therefore, the request for Physical Therapy 2 x 4 is not medically necessary.