

Case Number:	CM15-0016209		
Date Assigned:	02/04/2015	Date of Injury:	03/24/2010
Decision Date:	03/23/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	01/28/2015

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: District of Columbia, Virginia
 Certification(s)/Specialty: Internal 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 51 year old Male, who sustained an industrial injury on 3/24/10. He has reported neck, back, shoulder, and hip and wrist injuries while working for a home care company lifting heavy patients. The diagnoses have included lumbar radiculopathy, lumbar strain, lumbar stenosis, and lumbar degenerative disc disease (DDD). Treatment to date has included medications, diagnostics, physical therapy, Transcutaneous Electrical Nerve Stimulation (TENS), injections, chiropractic and acupuncture. Currently, the injured worker complains of neck, mid back and low back pain. The neck and back pain is rated 7-8/10. The low back pain is stabbing and radiates to neck with headaches. There is throbbing pain in the low back that radiates to hips, buttocks and right leg. He ambulates with use of a cane. The pain is aggravated by sitting, standing and walking and alleviated by hot showers. The medications and injections provide relief. The chiropractic provided temporary relief and acupuncture provided minimal relief. Magnetic Resonance Imaging (MRI) of the lumbar spine dated 12/20/13 revealed degenerative disc disease, facet arthropathy, and neural foraminal narrowing. Magnetic Resonance Imaging (MRI) of the cervical spine dated 11/8/10 revealed disc bulging without stenosis. Physical exam revealed positive Fabers test, positive Gaenslemn's, positive thigh thrust test, positive Hawkin's, impingement, empty can test and Ober's tests on right. The urine drug test dated 11/26/14 was consistent with medications. There was no documentation of therapy sessions. On 1/21/15 Utilization Review non-certified a request for Physical therapy for the pelvis/lumbar QTY: 16.00, noting the guidelines recommend continued physical therapy with documented objective evidence of derived functional benefit. There are no documented results of

the previous sessions or documented functional improvement. The (MTUS) Medical Treatment Utilization Schedule 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 for the pelvis/lumbar QTY: 16.00: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792 Page(s): 98-99.

Decision rationale: Per MTUS, Physical Medicine 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) 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 Physical Medicine. 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 Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): The patient had multiple pain issues and had radiographic evidence, as well as signs and symptoms of neuralgia/myalgia. Additional PT sessions would be indicated, per review of the clinical data provided.