

Case Number:	CM15-0019588		
Date Assigned:	02/09/2015	Date of Injury:	09/03/2003
Decision Date:	03/31/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/02/2015

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: Arizona, Texas
 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 70 year old male, who sustained an industrial injury on 9/3/2003. The diagnoses have included lumbosacral plexus lesions and chronic cervical sprain. Treatment to date has included medication. Surgical history included right carpal tunnel release, right ulnar nerve release, right shoulder arthroscopy and posterior lumbar interbody fusion (PLIF) at L5-S1 (2002). According to the Primary Treating Physician's Progress Report dated 12/15/2014, the injured worker complained of low back pain and intermittent leg pain. Physical exam of the lumbar spine revealed difficulty walking and difficulty changing position. Motion was restricted and caused painful symptoms. Muscle spasm was present. Magnetic resonance imaging (MRI) of the lumbar spine from 11/19/2014 showed L1-S1 degenerative disc disease. The treatment plan was for physical therapy three times a week for four weeks for the lumbar spine. The Primary Treating Physician's Progress Report dated 1/15/2015 notes that the injured worker was prescribed Norco, Robaxin and Biofreeze Gel. The injured worker was not interested in lumbar epidural injections. He was pending physical therapy. On 1/27/2015, Utilization Review (UR) modified a request for physical therapy three times a week for four weeks to physical therapy three visits for the lumbar spine. The Medical Treatment Utilization Schedule (MTUS) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x4 for the Lumbar Spine: Upheld

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 9792.20-.26 Page(s): 98-99.

Decision rationale: Passive therapy 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. 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. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. Physical Medicine Guidelines state that it should be allowed for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case the patient has chronic low back pain with a diagnosis of multilevel degenerative disc disease. He has had surgery and multiple modalities of treatment in the past including PT. The requested services are PT sessions 2x4 for lumbar spine. This number of PT sessions is in excess of what would be reasonable to set up a HEP.