

Case Number:	CM15-0118398		
Date Assigned:	06/26/2015	Date of Injury:	10/08/2014
Decision Date:	07/28/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/18/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 38-year-old male who reported an industrial injury on 10/8/2014. His diagnoses, and/or impressions, are noted to include: mild cervical and thoracic degenerative disc disease; and significant degenerative lumbar disc disease with lumbago. no current imaging studies are noted. His treatments are noted to include physical therapy with manipulation - painful and not beneficial; medication management with large doses of Ibuprofen; and rest from work since the date of the accident. The progress notes of 4/21/2015 reported improved/subsided cervical spine pain; tenderness to the mid-thoracic spine; continuous mild morning pain that increases to disabling by nighttime, with standing/walking, and is associated with burning and causing extreme limitations of activities which had resulted in him spending most of his time in bed with the inability to work; and extreme anxiety due to the nature of the attack which caused his injuries. Objective findings were noted to include painful spinal range-of-motion, causing minimal axial cervical pain; reserved mildly limited lumbar range-of-motion with mild para-spinous muscle spasms and partial reversal of curvature; and absent deep tendon reflexes in the ankle areas. The physician's requests for treatments were noted to include a correct physical therapy program and therapist to teach him water exercises, which would take away his weight problem and allow him to progress into physical therapy, and eventually allow for him to return to work; based on his good lumbar range-of-motion and curvature.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 3 weeks for the low back and neck: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Page(s): 98 of 127. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, it appears the patient attempted therapy early on in his injury and his symptoms worsened. Manipulation was attempted. However, the requesting physician is now asking for physical therapy to instruct the patient in exercises that could be performed in an aquatic environment, and states that the patient has access to a pool. The requesting physician feels that with a trial of physical therapy in a different way than what was provided previously, seems reasonable. As such, the currently requested additional physical therapy is medically necessary.