

Case Number:	CM15-0171807		
Date Assigned:	09/14/2015	Date of Injury:	04/01/2015
Decision Date:	10/13/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/01/2015

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: North Carolina
 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:

The injured worker is a 26 year old female, who sustained an industrial-work injury on 4-1-15. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar degenerative disc disease (DDD), lumbar Herniated Nucleus Pulposus (HNP) and morbid obesity. Treatment to date has included pain medication including Flexeril, Norco, Valium, Methadone, activity modifications, heat-cold, physical therapy at least 6 sessions, chiropractic, Transcutaneous electrical nerve stimulation (TENS), home stretching exercise and other modalities. Medical records dated (6-22-15 to 8-17-15) indicate that the injured worker complains of low back pain that radiates to the bilateral buttocks with bilateral lower extremity neurological symptoms of numbness and tingling. The medical record dated 8-17-15 the physician indicates that the injured worker describes the pain as "burning, aching and constant and at its worst is rated 9 out of 10 on pain scale, usually 5 out of 10, at least a 3 out of 10, and currently 5 out of 10." The pain is made worse by activities and made better by medications, electrical stimulation and or transcutaneous electrical nerve stimulation (TENS) and use of ice. The medical records also indicate worsening of the activities of daily living. Per the treating physician report dated 8-17-15 the employee has returned to work full time with modified duty. The physical exam dated 8-17-15 reveals that the lumbar spine has tenderness to palpation in the L4-5 and L5-S1 and midline areas, there is guarding noted, the tenderness is moderate, there is decreased lumbar range of motion, and positive right straight leg raise at 75 degrees elicits back pain. The Magnetic resonance imaging (MRI) of the lumbar spine dated 5-4-15 reveals degenerative disc disease (DDD) and central disc extrusion. The original Utilization review

dated 8-31-15 modified a request for Physical therapy x 9 to lumbar spine modified to physical therapy times 3 to the lumbar spine for training of home exercise program (HEP).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 9 to lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The California chronic pain medical treatment guidelines section on physical medicine states: 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): 24 visits over 16 weeks. The requested amount of physical therapy is in excess of California chronic pain medical treatment guidelines. The patient has already completed a course of physical therapy. There is no objective explanation why the patient would need excess physical therapy and not be transitioned to active self-directed physical medicine. The request is not medically necessary.