

Case Number:	CM15-0064973		
Date Assigned:	04/13/2015	Date of Injury:	04/23/2014
Decision Date:	05/28/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/06/2015

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 53-year-old male patient who sustained an industrial injury on 04/23/2014. A primary treating office visit dated 02/25/2015 reported the patient with subjective complaint of having decreased activity, poor sleep. He rates his pain a 2 out of 10 in intensity with being medicated and a 3 out of 10 without using medicine. Current medications are Hydrocodone/APAP, Methocarbamol, Naproxen, and Claritin. Previous diagnostic testing to include: radiographic imaging, magnetic resonance imaging, urine drug screening. He is diagnosed with radiculopathy and low back pain. The plan of care involved continue with physical therapy, continue daily walks, continue stretching exercise, use heat/ice as needed, continue Naproxen as needed, and take Norco as needed for severe pain. There is recommendation for epidural steroid injection if no benefit from therapy course. He is prescribed modified work duty, and Hydrocodone/APAP 10/325mg #30. A primary treating office visit dated 09/04/2014 reported the patient diagnosed with lumbar muscle strain. He is given modified work and home duty through 10/02/2014. He is to continue with physical occupational therapy. He reports subjective complaint of back pain without change.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Sessions (Low Back): Upheld

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

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 received 8 sessions of PT. An additional 12 session are requested which is an excessive amount of PT to set up a home exercise program. The additional sessions of PT are not medically indicated.