

Case Number:	CM15-0090543		
Date Assigned:	05/14/2015	Date of Injury:	06/15/2011
Decision Date:	06/19/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/11/2015

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, Indiana, New York
 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 44-year-old male, who sustained an industrial injury on 6/15/11. The diagnoses have included lumbar spine disc bulge and lumbar radiculopathy. Treatment to date has included medications, activity modifications, physical therapy and other modalities. Currently, as per the physician progress note dated 4/7/15, the injured worker complains of pain and spasm in the low back with pain that runs up the entire spine and frequent headaches. He continues to have issues with anxiety and depression and intermittent dizziness and headaches. He also reports difficulty sleeping due to chronic pain. The physical exam reveals that the injured worker is anxious and depressed. The lumbar spine exam reveals spasm in the lower lumbar region, point tenderness, positive straight leg raise on the left and increased pain with motion. The lumbar range of motion was decreased due to pain and there was decreased sensation in the dorsal and lateral aspect of the left foot. The physician noted that a prescription was given for Ambien for sleep. Treatment plan was for referral to a neurologist, referral to pain management for possible epidural steroid injection (ESI), medications and physical therapy. There was no recent diagnostics noted in the records. The previous physical therapy sessions were noted in the records. Work status is temporary total disability. The physician requested treatments included Physical therapy 3 times a week for 4 weeks for the low back.

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 low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy three times per week times four weeks for the low back is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. "There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living". In this case, the injured worker's working diagnoses are lumbar spine disc bulge; and lumbar spine with left sided L5 and S1 radiculopathy. The documentation shows the injured worker had 12 prior physical therapy sessions addressing the low back. In a progress note dated April 7, 2015 (request for authorization date April 14, 2015), the treating provider is requesting an additional 12 sessions physical therapy. Subjectively, there is low back pain with spasm. Objectively, there is tenderness palpation straight leg raising. The treatment plan requests authorization for physical therapy to include ultrasound, massage, therapeutic exercises and decompression three times per week times four weeks for the lumbar spine. The guidelines do not support passive physical modalities such as massage and ultrasound. There are no compelling clinical facts in the medical record to support additional physical therapy over the recommended guidelines. Consequently, absent compelling clinical documentation with evidence of objective functional improvement and compelling clinical facts indicating additional physical therapy is warranted, physical therapy three times per week times four weeks for the low back is not medically necessary.