MAXIMUS Federal Services

Case Number:	CM13-0015022		
Date Assigned:	01/03/2014	Date of Injury:	10/11/2011
Decision Date:	04/30/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 62-year-old female who reported an injury on 10/11/2011 after she reached forward lifting various boxes and trays causing an acute onset of pain in herlow back. The patient's treatment history included physical therapy, epidural steroid injections and multiple medications. The patient also underwent a sacroiliac jointinjection on the right side in 08/2013. The patient's most recent clinical evaluation documented that the patient had 5/10 pain. Physical findings included decreasedlumbar range of motion secondary to pain with a positive Fabere's test. The patient had decreased motor strength in the bilateral lower extremities with absent sensation overthe dorsal, lateral 1st toe, lateral calf, 1st toe, and 2nd toe of the right lower extremity. The patient's treatment plan included continuation of medications and evaluation andtreatment of physical therapy for the low back for stabilization and core strengthening and to educate the patient in a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 12 sessions for evaluation and treatment for evaluation and treatment/core strengthening for low back pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The requested physical therapy 12 sessions for evaluation and treatment for core strengthening for the low back is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends that patients be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation submitted for review does indicate that the patient previously participated in physical therapy. Therefore, they should be well versed in a home exercise program. It is indicated in the patient's most recent clinical documentation that the patient is not participating in physical therapy or a home exercise program secondary to pain. Therefore, a short duration of physical therapy would be appropriate for this patient to reestablish and reeducate the patient in a home exercise program. However, the requested 12 sessions would be considered excessive. The California Medical Treatment Utilization Schedule only recommends up to 10 visits of physical therapy for radiculopathy. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested for physical therapy 12 sessions for evaluation and treatment for core strengthening of the lumbar spine is not medically necessary or appropriate.