MAXIMUS Federal Services

Case Number:	CM13-0057400		
Date Assigned:	06/20/2014	Date of Injury:	03/15/2013
Decision Date:	07/24/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/25/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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/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 claimant sustained a work injury on 03/15/13 when he fell 15 feet from a ladder which had been pulled by a tractor. He struck his left head and face on a pole and had an approximate 30 second loss of consciousness. He sustained abrasions to his left thigh and hip. He was placed out of work and in follow-up on 03/22/13 he was having headaches and lumbar pain. Tramadol and orphenadrine were being prescribed. Physical therapy times six sessions was requested. As of 07/17/13 he had completed 14 treatment sessions. Therapeutic content included a home exercise program, stretching, stabilization exercises, and aerobic conditioning. He was having ongoing pain rated as up to 9/10.Testing has included an magnetic resonace imaging (MRI) of the lumbar spine on 07/09/13 which was normal. As of 07/19/13 he was slowly improving and a trial of unrestricted duty was started. He was seen for a pain evaluation on 08/06/13. He had decreased lumbar spine extension with paraspinal and facet joint tenderness. Authorization for medial branch blocks was requested. He was seen for a Polymyalgia Rheumatica (PMR) evaluation on 10/22/13. He was having intermittent left greater than right-sided low back pain which was nonradiating and rated at 2-5/10. Physical examination findings included positive left facet loading and left posterior superior iliac spine (PSIS) tenderness. The assessment references having attended 18 sessions of physical therapy with "some benefit." Physical therapy two times per week for three weeks was requested with therapeutic content of flexion based exercises with stretching of the lumbar paraspinal muscles, "desensitization", and a home exercise program. A PR-2 dated 11/19/13 references intense low back pain after bending over and the claimant as fainting. X-rays were negative. It references having previously received only 15 physical therapy sessions "when the allowance is up to 24 sessions."

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy, two times per week for three weeks, lumbar spine (quantity 6): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines (3) Low back, Physical Therapy.

Decision rationale: The claimant is being treated for chronic nonspecific low back pain and there is no identified new injury or impairing event. He has a normal magnetic resonace imaging (MRI) of the lumbar spine. He has already had physical therapy with at least 14 treatment sessions documented. The requesting provider references an allowance of up to 24 sessions of physical therapy visits where the recommended number for this condition is up to 10 visits over 8 weeks. The claimant therefore has already received in excess of what would be considered the usual maximum number of visits. The therapeutic content requested has already been provided and would have been incorporated into an independent home exercise program. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight and could be performed as often as needed/appropriate rather than during scheduled therapy visits. Providing these treatments again would not require skilled physical therapy services and would promote dependence on therapy-provided treatments.Treatment is not medically necessary and appropriate.