MAXIMUS Federal Services

Case Number:	CM13-0065517		
Date Assigned:	05/07/2014	Date of Injury:	02/09/2001
Decision Date:	07/09/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/13/2013

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 Occupational Medicine, and is licensed to practice in California. 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:

Patient is a 59-year-old-female who has submitted a claim for low back pain, lumbar disc degeneration, lumbar disc displacement rupture, lumbar facet arthropathy, and lumbar radiculopathy associated with an industrial injury date of 2/9/2001.Medical records from 2013 were reviewed which revealed persistent right groin and anterior thigh pain. She reported that the pain radiates to her back. Pain scale was at 7-8/10. Medications provided pain relief. She uses Toradol in conjunction with Hydrocodone 10mg and 5 mg. Physical examination showed tenderness on the lumbar area approximately at L3-L4, L4-L5 which is greater on the right side than on the left. No sacroiliac, sciatic notch or bursal tenderness noted. Straight leg raise was positive bilaterally. Fabere test was positive. Thigh thrust and hip examinations were negative.Treatment to date has included, epidural injections, physical therapy sessions from 2005 to 2006 and home exercise program. Medications taken were Fleicainide Acetate 100mg, Hydrocodone-Acetaminophen 5/325mg, Toradol, Losartan Potassium 100 mg, Lovastatin 40mg/tab, Metformin HCL, Metoprolol Tartrate 50 mg/tab and Omeprazole 20 mg/tab.Utilization review from 11/22/2013 denied the request for 12 Physical Therapy visits for the lumbar spine because there is no evidence of significant factors to warrant additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 12 VISITS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. In this case, patient had prior physical therapy treatments from 2005 to 2006 as indicated in progress note, dated 10/8/13. However, total number of sessions was unrecalled. Medical records submitted and reviewed did not indicate pain exacerbation at the lumbar spine that may warrant re-enrollment to the program. In addition, she also continued minimal home exercise program of core muscle strengthening, range of motion and flexibility. Furthermore, functional goals that should be achieved were not documented. The medical necessity has not been established at this time. Therefore, the request for 12 visits of Physical Therapy is not medically necessary.