MAXIMUS Federal Services

Case Number:	CM14-0000483		
Date Assigned:	01/10/2014	Date of Injury:	10/27/2006
Decision Date:	06/23/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/02/2014

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 Internal Medicine 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 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 injured worker is a 59 year old male injured on 10/27/06 when the forklift he was driving fell and jolted him and resulting in low back pain. Current diagnoses include lumbar sprain, degenerative disc disease, and right S1 radiculopathy. Treatments to date include diagnostic examinations, physical therapy x 6 visits without benefit, injections, and medication management. The documentation indicates the injured worker participated in physical therapy in July and August of 2007. The clinical note dated 11/20/13 indicates the injured worker presented complaining of continued low back and leg pain. The injured worker reports near falls several times due to loss of strength in the right knee. He also reports numbness in the bilateral feet. The injured worker rates his pain at 8-10/10 without medications and 5/10 with the use of medications. The injured worker utilizes Flexeril and Norco for pain management. Physical examination revealed ambulation with stiffness and antalgic gait due to pain on the right side, lower extremities are limited in range of motion, strength 3/5 in the right lower extremity and 4/5 in the left lower extremity, decreased sensation to touch on the right lower extremity, severely limited in range of motion of the lumbar spine, and tenderness to palpation along the spinal process of the lumbar spine. Current diagnoses include low back pain, discogenic low back pain, and myofascial pain. The initial request for physical medicine procedure: 3 outpatient visits was initially not medically necessary on 12/13/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 ADDITIONAL PHYSICAL THERAPY VISITS FOR THE LUMBAR SPINE: Upheld

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

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

Decision rationale: Regarding additional physical therapy visits for the lumbar spine, the California Chronic Pain Medical Treatment Guidelines recommend, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home care." A review of submitted documents indicate the patient's condition is chronic and the patient had physical therapy sessions in the past. There was no further documented functional improvement from physical therapy treatments. In addition, there was no evidence the patient failed or was unable complete his home exercise program. Thus, physical therapy visits are not medically necessary.