MAXIMUS Federal Services

Case Number:	CM14-0007241		
Date Assigned:	02/12/2014	Date of Injury:	04/12/2010
Decision Date:	07/15/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/20/2014

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 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:

This is a 44 year old female with a 4/12/10 date of injury. A PT note dated 10/23/13 noted the patient had severe low back pain with radiation to the lower extremities, decreased lumbar range of motion (10% of normal). A progress note from 10/30/13 noted the patient has a diagnosis of thoracic and lumbar strain. The recommendation was to continue aquatic rehab secondary to obesity, Terocin patches, tramadol, continue HEP, and a functional capacity evaluation. A progress report dated 12/6/13 (handwritten and partially illegible) stated that physical therapy helped to decrease the patient's back pain and radiculopathy. Decreased sensation was noted in the L4-5 dermatome. Kemps' testing and straight leg raise bilaterally was positive. 2 sessions of physical therapy remained. A UR decision dated 1/9/14 modified the physical therapy request for physical therapy x 12 sessions to 6 sessions given the patient had not yet completed her physical therapy, but was noted to be improving with regard to lumbar range of motion. The request for a lumbar roll was denied given it did not fulfill the DME criteria.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY TO THE LUMBAR SPINE 3 X 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The MTUS Chronic Pain Guidelines stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. The ODG recommends 10 visits over 8 weeks with regard to lumbar sprain and strain. This patient had 6 visits certified and showed significant gains with regard to radicular pain and improved lumbar range of motion. A request for an additional 12 visits exceeds the ODG recommendations with regard to this patient's diagnosis. As such, the request is not medically necessary and appropriate.

PURCHASE OF 1 LUMBAR ROLL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, knee and leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter.

Decision rationale: This patient was noted to be improving with her physical therapy. A Lumbar roll was requested, however it is unclear what or how the lumbar roll would be used with regard to therapeutic value for this patient's low back pain. Therefore, the request for a lumbar roll is not medically necessary.