MAXIMUS Federal Services

Case Number:	CM14-0007674		
Date Assigned:	02/10/2014	Date of Injury:	09/01/2011
Decision Date:	07/24/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/21/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 24-year old female patient with a 9/1/11 date of injury. Mechanism of injury was not provided. A 12/9/13 physical therapy note indicated that the patient has already had 9 physical therapy sessions, with significant improvement with pain, and range of motion since her first visit on 11/11/13. A 12/10/13 progress report indicated that the patient complained of lower back pain, 7/10. Objective findings demonstrated tenderness of the lumbar spine, and normal range of motion: flexion was 80 degrees extension was 60 degrees, and rotation was 60 degrees. By 12/20/13 the patient had had completed 12 physical therapy sessions. She was diagnosed with protrusion of the L4-5 and L5-S1, with right lumbar radiculopathy and lumbar spondylosis. MRI of lumbar spine dated 6/11/13 showed mild 2 mm anterolisthesis on L5-S1 with bilateral L5 pars defects, and mild L4-5 disc space narrowing and disc desiccation also was present.Treatment to date: medication management and physical therapy, LSO brace, TENS unit, There is documentation of a previous 1/15/14 adverse determination was authorized, because the requested treatment /services not met medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY 2 X 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE GUIDELINES,.

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

Decision rationale: CA MTUS 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 patient had improvement of lumbar range of motion. However, there was documentation that the patient sill had pain level 7/10. In addition the patient has already completed 12 physical therapy sessions. Guidelines recommended 9-10 physical therapy sessions over 8 weeks. In addition number of sessions proposed in addition with already completed would exceed guidelines recommendation. It is unclear why he patient is not already compliant with an independent home exercise program. Therefore, the request for ADDITIONAL PHYSICAL THERAPY 2 X 4 was not medically necessary.