MAXIMUS Federal Services

Case Number:	CM14-0009767		
Date Assigned:	02/21/2014	Date of Injury:	08/13/1998
Decision Date:	06/25/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/27/2014

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 Physical Medicine & Rehabilitation 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:

According to the records made available for review, this is a 68-year-old female with an 8/13/98 date of injury and status post lumbar decompression and fusion x4, last one in 2004. At the time (1/2/14) of request for authorization for physical therapy 2 x 10, there is documentation of subjective (axial back pain, buttock pain, left hip pain, and left lower extremity radiculopathy) and objective (tenderness to palpation over the lumbar paraspinous muscles and left trochanter, positive straight-leg raise, and decreased lumbar ROM) findings, current diagnoses (lumbar post-laminectomy syndrome, pelvic joint pain, thoracic or lumbosacral neuritis or radiculitis, lower leg pain, and chronic pain), and treatment to date (physical therapy, injections, and medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 X 10: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with

allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar post-laminectomy syndrome, pelvic joint pain, thoracic or lumbosacral neuritis or radiculitis, lower leg pain, and chronic pain. In addition, there is documentation of previous physical therapy treatments. Furthermore, given documentation of subjective (axial back pain, buttock pain, left hip pain, and left lower extremity radiculopathy) and objective (tenderness to palpation over the lumbar paraspinous muscles and left trochanter, positive straight-leg raise, and decreased lumbar ROM) findings, there is documentation functional deficits and functional goals. However, there is no documentation of the number of previous physical therapy sessions and, if the number of treatments have exceeded guidelines, remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy provided to date. Furthermore, the proposed number of sessions exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for physical therapy is not medically necessary.