MAXIMUS Federal Services

Case Number:	CM14-0011008		
Date Assigned:	02/21/2014	Date of Injury:	10/28/2008
Decision Date:	06/25/2014	UR Denial Date:	01/23/2014
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 Orthopedic Surgery 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 54 year old male whose date of injury is 10/28/2008. He was squatting at work to reach cables and noted low back pain. A note dated 12/13/10 indicates the injured worker has previously undergone physical therapy and chiropractic treatment with marginal improvement. He was working regular duty at that time. Lumbar MRI dated 08/13/13 revealed a five millimeter right paramedian to lateral focal disc protrusion at L4-5 protruding into the right neural foramen with moderate anterolateral thecal sac indentation, facet arthropathy, mild biforaminal stenosis, degenerative disc disease, and disc space narrowing. There are three millimeter disc bulges at L2-3 and L3-4. Handwritten progress report dated 01/15/14 indicates the injured worker complains of low back pain rated as 4/10. Straight leg raising is negative. Deep tendon reflexes are +2. Diagnoses are listed as lumbosacral disc degeneration, pyogenic arthritis, and sprain of the lumbar region.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX OUTPATIENT PHYSICAL THERAPY TO THE LUMBAR SPINE, TWO PER WEEK FOR THREE WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL THERAPY,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: Based on the clinical information provided, the request for six outpatient physical therapy to the lumbar spine is not recommended as medically necessary. There is no comprehensive assessment of recent treatment completed to date or the patient's response thereto submitted for review. California Medical Treatment Utilization Schedule (CAMTUS) guidelines would support 1-2 visits every 4-6 months for recurrence/flare-up and note that elective/maintenance care is not medically necessary. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided.