MAXIMUS Federal Services

Case Number:	CM14-0012309		
Date Assigned:	02/21/2014	Date of Injury:	12/20/2011
Decision Date:	08/04/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/30/2014

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 31-year-old patient with a 12/20/11 date of injury. He pushed the car to connect with a tow truck when he a felt sharp pain in his low back and right buttock. A 2/5/14 progress report indicated that the patient had severe pain in his lower back radiating to the right hip and right leg. Physical exam of the lumbar spine revealed tenderness in the paraspinal muscles and spasm. Range of motion was restricted and there was decreased sensation over the L5 dermatomal distribution. Objective findings in the right hip demonstrated decreased range of motion with flexion and abduction, as well as tenderness in the greater trochanter muscle. X-ray dated 12/31/2013 demonstrated post lumbar surgery changes on the lumbosacral spine. (From 9/26/13 progress report). Recent MRI results were not available. He was diagnosed with status post-laminectomy with neural decompression at L4-5 on the right, discectomy and neural decompression at L4-5 and L3-4 on the right (8/22/13), lumbar radiculopathy and right greater trochanter bursitis. Patient's treatment to date includes medication management. There is documentation of previous 5/10/13 adverse determination, in which physical therapy sessions were modified from 12 acupunture sessions to 3-6 sessions, to see if any functional benefits would be obtained.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Three Times Per Week For Four Weeks For Low Back And Right Leg:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain, Suffering, and the Restoration of Function Chapter Page(s): 98-99 and 114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter: Physical Therapy Guidelines.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. The patient presented with pain in the lower back radiating to the right hip and leg. ODG cites that for intervertebral disc disorders without myelopathy, medical treatment allows 10 visits over 8 weeks. In addition, the proposed number of physical therapy sessions exceeded guidelines recommendations. This patient has a 2011 date of injury, with a lumbar laminectomy in 2013, and likely has had physical therapy previously. There is no clear documentation of functional gains from the prior physical therapy. It is unclear if the patient had functional improvement from the prior therapy. A UR decision modified the physical therapy sessions from 12 visits to 3-6 visits. It is unclear why the patient is not compliant with a home exercise program. Therefore, the request for physical therapy three times per week for four weeks for low back and right leg, as submitted, was not medically necessary.