MAXIMUS Federal Services

Case Number:	CM14-0113523		
Date Assigned:	08/01/2014	Date of Injury:	02/23/1995
Decision Date:	09/10/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/21/2014

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 Family 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:

The patient is a 73 year old woman who was injured at work on 2/23/1995. The injuries were primarily to her neck, back, right shoulder, right ankle and right knee. She is requesting a review of denial for Physical Therapy 3x6 for the Lumbar Spine. Medical records corroborate ongoing care for these injuries. The Primary Treating Physician's Progress Reports (PR-2s) are included. They indicate that the patient has persistent symptoms of low back pain. Regarding her back, her chronic diagnoses include: Osteoarthritis of the Lumbosacral Spine with Spinal Stenosis at L1-L2; Status Post Laminectomy; Multilevel Degenerative Disc Disease, Lumbar Spine; Myofascial Tension of the Lumbar Paraspinal, Gluteals, Piriformis, and Hamstrings. Treatments have included: Lumbar Laminectomy, L2-L5; Lumbar Epidural Corticosteroid Injections; Medications (Celebrex, Hydrocodone, Flexeril); Physical Therapy, and a Home Exercise Program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 x 6 for Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (web updated 06/10/14), Physical Therapy.

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

Decision rationale: The MTUS Chronic Pain Guidelines comment on the use of Physical Therapy as a treatment modality. The MTUS Chronic Pain Guidelines state that physical therapy is recommended and state that treatment should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine for patients with chronic pain due to myalgias, neuralgias, neuritis and radiculitis not to exceed 10 visits over 4-8 weeks. The medical records document prior approval for physical therapy for this patient. There is insufficient documentation on the functional benefit received by these prior treatment sessions. Further, the requested number of physical therapy sessions exceeds the MTUS Chronic Pain Guidelines' recommendations. Based on insufficient documentation on the functional outcomes of prior efforts at physical therapy and the request for a number of sessions that exceeds published, evidence-based guidelines, the request is not medically necessary and appropriate.