MAXIMUS Federal Services

Case Number:	CM14-0133526		
Date Assigned:	08/27/2014	Date of Injury:	05/30/2014
Decision Date:	09/24/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/21/2014

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 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 case of a 54-year-old female who has submitted a claim for back pain, sciatica and, myofasciitis associated with an industrial injury of 05/30/2014. Medical records from 2013 to 2014 were reviewed and showed that patient complained persistent low back, ride, hip, thigh and, calf pain. She rates her pain level at 2-3/10 with pain medication and 5-6/10 without pain medication. She reports that she had a MRI and had to be re-done twice due to involuntary muscle spasm. She states that her symptoms are not improving. Spine active ROM are as follows: flexion 80%; extension 75%; (L) side flexion 75%; (R) side flexion 65%; (L) rotation 75%; (R) Rotation 75%. There is also tenderness around R lumbosacral junction upon palpation.Treatment to date has included medications, home exercise and, physical therapy. Medications taken include Naprosyn, Flexeril, Norco and patch. Utilization review dated 08/19/2014 denied the request for there were no significant exam findings documented. The doctor also did not note the rationale why additional formal PT would be needed and why a home exercise program would not be sufficient for further gains.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy visits x 12 for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

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

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, physical therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). The physical medicine guidelines recommend 9-10 visits over 8 weeks for myalgia, myositis, unspecified and neuralgia, neuritis, radiculitis. In this case, the patient has had 12 previous sessions of physical therapy which would have been enough to educate the patient regarding home exercises programs. No report of acute exacerbations of low back pain that would not benefit from a home exercise program was documented. Furthermore, there is no documented rationale for additional courses of physical therapy. The clinical indication for additional physical therapy sessions has not been clearly established. Therefore, the request for Additional Physical Therapy visits x 12 for the lumbar spine is not medically necessary.