MAXIMUS Federal Services

Case Number:	CM14-0023977		
Date Assigned:	06/11/2014	Date of Injury:	07/16/2013
Decision Date:	07/15/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/25/2014

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 and Rehabilitation, and is licensed to practice in Alabama, New York, and Maryland. 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 47 year old male who was injured on 07/16/2013. The patient injured his back while lifting to 90 lbs rolls of plastic that he was placing on a forklift. He felt a popping sensation in his back. Prior treatment history has included 10 sessions of physical therapy which has improved his symptoms. His pain decreased from 10/10 to 7/10 of the lumbar spine but he continued to have numbness radiating into his right groin and posterior thigh. His activities of daily living have improved with therapy.Progress report dated 12/16/2013 states the patient complained of low back pain and right leg pain which he rated as 6/10. The pain is dull and achy in nature and radiated into the right L5 distribution. His medication include Norco down from 3 a day to 1 to 2 daily. On exam, there is tenderness of the right SI joint and right sciatic notch. His range of motion is 50% of normal range but limited by pain. His paraspinal muscle strength was in normal limits. His right lower extremity had decreased sensation in the right lateral calf and dorsum of the foot. The patient is diagnosed with lumbar striain and right sciatica. Prior utilization review dated 01/27/2014 states request for 10 sessions of physical therapy twice a week for the lumbar spine is denied because there are no documented functional goals that would support this request; therefore 3 visits of physical therapy and reinforcement of a home program is authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO TIMES PER WEEK FOR LUMBAR PAIN PER REQUEST FOR AUTHORIZATION ON 1-20-14 FOR A QUANTITY OF 10.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 92,Chronic Pain Treatment Guidelines Physical Medicine (7/18/09) Page(s): 7 and 98-99. Decision based on Non-MTUS Citation ODG Physical Therapy Guidelines.

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

Decision rationale: As per CA MTUS guidelines, physical medicine 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. In this case, the patient was diagnosed with lumbar strain and sciatica. The medical records document that the patient has undergone a previous course of therapy of at least 10 PT visits for his injury with reported pain relief and functional improvement. However, the guidelines recommend 9-10 visits for Myalgia and Myositis and 8-10 visits for neuralgia, neuritis, and radiculitis with fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine.The ODG also recommends a limited amount of PT for musculoskeletal injuries with transition of the patient to home exercises as part of a self management program. This patient has already been treated with 10 physical therapy visits and the requested additional 10 visits of physical therapy for lumbar spine exceed guidelines recommendation. Additionally, it is not clear why this patient cannot be transitioned to a HEP. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.