MAXIMUS Federal Services

Case Number:	CM14-0025719		
Date Assigned:	06/13/2014	Date of Injury:	11/25/2002
Decision Date:	08/05/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/01/2014

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 Internal Medicine, Pulmonary Diseases 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 injured worker is a 57-year-old female who reported an injury on 11/25/2002 from an unknown mechanism of injury. The injured worker has a history of low back pain. On examination on 12/27/2013, the injured worker reported low back pain that radiated from the right side from L4 to S1. The severity of the pain was 5/10 to 6/10 with an average of 5/10. There was lower extremity weakness, numbness and tingling. The aggravating factors were sitting, standing, and changes in weather. Alleviating factors were exercise, physical therapy, and medication. Prior treatment has included physical therapy with an unknown number of sessions. The medications included Ambien CR 12.5 tab, 1 tab every day Gabapentin 300 mg cap 1 cap twice a day, and Pristiq 100 mg extended release 1 tab every day. Range of motion of the lumbar spine showed flexion at limited to 30 degrees, extension was limited to 5 degrees, right side bending was limited to 10 degrees and left side was limited to 10 degrees. The patient had 1+ muscle spasm noted over upper paraspinal region. The straight leg raising seated was negative. The injured worker had a diagnosis of anxiety disorder, psychalgia, lumbar post laminectomy syndrome, displacement of lumbar intervertebral disc without myelopathy. The injured worker had successfully weaned herself of all opiates. However, she continued to deal with the anxiety and depression and needed occasional sessions to support her daily use of medication. Previous surgeries were a bone graft and fusion of the L4-S1 in 2005. The request was for physical therapy for the lumbar spine, 6 visits. The request for authorization form was dated on 02/10/2014. The rationale was not provided within the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE LUMBAR SPINE TIMES 6 VISITS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS guidelines state that active 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. The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. Physical Medicine Guidelines recommend allowing for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. The guidelines recommend up to 12 visits. The injured worker is currently receiving physical therapy with an unknown number of sessions completed. There is a lack of documentation indicating the injured worker has had significant functional improvement with the therapy. The request is for 6 more visits of physical therapy. The request does not give a frequency for physical therapy. This exceeds the guidelines for physical therapy post status spinal fusion. The injured worker had spinal fusion in 2005. As such, the request for physical therapy for the lumbar spine x6 visits is non-certified.