MAXIMUS Federal Services

Case Number:	CM14-0039897		
Date Assigned:	06/27/2014	Date of Injury:	10/20/2004
Decision Date:	08/19/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/04/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 72-year-old female with a 10/20/04 date of injury to her low back. She had Lumbar surgery in 2012 with postoperative physical therapy. She continued to have conservative management as well as lumbar epidurals. The patient completed another course of physical therapy in March 2014. The patient was seen on 3/27/14 to follow up her physical therapy sessions and the patient stated her back pain had decreased. She still had complaints of low back pain with aching and shooting into the left lower extremity. Exam findings revealed tenderness over the lumbar spine at L4 and tenderness over the SI joint with decreased range of motion of the L spine, decreased sensation from T12- S2 on the left, and a diminished left knee reflex. The patient's diagnosis is lumbar radiculopathy, Left Sciatica.Treatment to date: medications, physical therapy, and lumbar epidural injections x 3The UR decision dated 4/4/14 modified the request to 3 sessions of physical therapy given the patient had just completed a course of 9 physical therapy sessions and no PT notes were provided. Three sessions were approved in order to transition the patient to a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extension physical therapy nine (9) sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation General Approaches: ACOEM Pain, Suffering, and the Restoration of Function Chapter (page 114).

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. This patient recently completed a course of physical therapy to her low back, 9 sessions, with subjective improvement with regard to pain. There is a lack of documentation with regard to these sessions and her functional gains as a result of these sessions. In addition, it is unclear why she could not be transitioned into an HEP. The UR decision modified the request to 3 sessions to allow for transition to a home exercise program. Therefore, the request for extension physical therapy x 9 as submitted was not medically necessary.