MAXIMUS Federal Services

Case Number:	CM14-0043410		
Date Assigned:	06/20/2014	Date of Injury:	07/24/2009
Decision Date:	07/22/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/17/2014

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 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 38-year-old patient with a date of injury on July 24, 2009. Diagnoses include lumbosacral sprain/strain, disc protrusion, and spondylolisthesis. Previous treatment has included physical therapy, H-wave, injections. A request for 6 physical therapy sessions between February 26, 2004 and February 25, 2005 was non-certified at utilization review on March 4, 2014, noting that the patient had chronic low back pain and had already completed 23 physical therapy sessions since October 2013 for this injury, far exceeding the guidelines recommendation of eight to ten visits over four weeks. Additionally it did not appear there was sufficient evidence to show functional improvement from prior sessions. Progress note dated May 9, 2014 indicates the patient presented with complaints of low back pain, reportedly feeling stable. He has been able to manage with that. He reports the H-wave continues to help them, but has not been authorized for purchase. Objective findings on examination revealed tenderness of the paralumbar region, slightly antalgic gait, and positive straight leg raise without evidence of atrophy. Strength in the lower extremities was 5/5. Current medications were not reported. MRI of the lumbar spine performed on October 4, 2013 revealed right L4-5 and L5-S1 hemilaminotomy changes, vague scar surrounding the descending right L5 nerve root without mass effect, right S1 nerve root appeared deviated posteriorly. Severe bilateral L4-5 and L5-S1 foraminal stenosis without definite associated nerve root impingement. EMG/NCV study reportedly showed L4-L5 radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 PHYSICAL THERAPY SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.99.

Decision rationale: The Chronic Pain Medical Treatment Guidelines cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." The patient has a longstanding injury and has previously completed physical therapy for this chronic injury, but there is no clear documentation of musculoskeletal deficits that cannot be addressed within the context of an independent home exercise program, yet would be expected to improve with formal supervised therapy. Records indicate the patient has completed 23 sections a physical therapy since October 2013. ODG guidelines recommend eight to ten visits over four weeks, and this patient has already exceeded this amount. There is no description of significant functional benefit as a result of previous treatment.The request for six physical therapy sessions if not medically necessary or appropriate.