MAXIMUS Federal Services

Case Number:	CM14-0044053		
Date Assigned:	07/02/2014	Date of Injury:	11/24/2011
Decision Date:	09/15/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/11/2014

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 32 year old patient had a date of injury on 11/24/2011. The mechanism of injury was mopping when he felt a pinch in his lower left back. In a progress noted dated 2/14/2014, subjective findings included lumbar spine pain, myospasm, and weakness with loss of range of motion. He also complains of headache bilaterally. Pain is rated as 5/10. On a physical exam dated 2/14/2014, objective findings included painful range of motion of lumbar spine. He has pain on palpation, taut muscles/spasm of lumbar spine as well as sensory loss in lower extremities. He has positive orthopedic tests as well as positive MRI imaging of lumbar spine. Diagnostic impression shows myofascitis/muscle spasm, anxiety, headaches, insomnia, lumbar spine radiculitis. Treatment to date: medication therapy, behavioral modification, epidural steroid injectionA UR decision dated 3/27/2014 denied the request for additional 18 sessions of physical therapy of the lumbar spine, stating that the volume of care remains unknown as does the number of treatments between 11/20/2013 and 2/14/14 and it information which would help define a claimant's arc of recovery relative to functional gains with treatment rendered. As such, a reasonable decision as to whether the claimant requires 18 sessions which exceeds the ODG and MTUS guidelines cannot be made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy of the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Environmental Medicine (ACOEM), 2nd Edition, (2004) low back chapter.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. 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. Physical Medicine Guidelines - Allow for fading of treatment frequency. ODG physical therapy guidelines recommend 10 visits over 8 weeks for lumbar strains/sprains. It was noted on 9/12/13 progress report that the patient received physical therapy 2x/week for 6 weeks, for at least 12 sessions. Furthermore, in a progress note dated 1/25/2014, the patient claims he is attending physical therapy and this just does not help him." He does indicate, however, that only his medication give him some temporary relief particularly during bad days. There was no discussion in the notes regarding functional improvement during previous physical therapy sessions to justify further treatment sessions beyond recommended guidelines. Therefore, the request for physical therapy to the lumbar spine is not medically necessary.