MAXIMUS Federal Services

Case Number:	CM14-0062550		
Date Assigned:	07/11/2014	Date of Injury:	06/14/2006
Decision Date:	09/17/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/05/2014

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:

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:This patient is a 59-year-old male with date of injury of 6/14/2006. A review of the medical records indicates that the patient is undergoing treatment for spinal stenosis in the lumbar region. Subjective complaints (4/4/2014) include increased low back pain in cold weather. Objective findings from 10/11/2014 to 4/4/2014 remained unchanged and include decreased sensation on the right at L4 -S1, "limited ROM with pain"; tenderness to palpation in the paraspinal musculature, and antalgic gait with single point cane. Patient was authorized for six physical therapy sessions but number of completed sessions and effectiveness were not specified in the medical records. The treating physician writes (4/4/2014) "patient should continue with active physical therapy until maximum medical improvement has been reached with regard to strength, range of motion and overall conditioning and flexibility. Decompression and fusion of the lumbar spine L3-4 and L4-5 was performed but date was not indicated in medical records. Medications have included OxyContin 40mg t.i.d. #60, Percocet 10/325 4/day #150; Valium 10mg 4/day #30, Soma 350mg 4/day #120, Docusate 100mg 2/day #180 Simvastatin 80mg and Plavix 75mg. The utilization review dated 4/14/2014 denied the request for additional PT with massage 2X6 for lumbar due to lack of documented amounts and response to previous physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional PT w/ massage 2X6 for lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy.

Decision rationale: The Expert Reviewer's decision rationale:California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a "six-visit clinical trial" of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. The treating physician does not document any objective improvements from the medicals records made available. The treating physician writes in his request to continue physical therapy until patient has reached maximal medical improvement. However, no specific objective or subjective goals were indicated. Additionally, the was no mention of the intent to fade therapy frequency and transition to at-home therapy, which is suggested by guidelines. As such, the request for additional PT w/ massage 2X6 for lumbar is not medically necessary.