MAXIMUS Federal Services

Case Number:	CM14-0064624		
Date Assigned:	07/11/2014	Date of Injury:	09/19/2012
Decision Date:	09/19/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	05/07/2014

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:

The injured worker is a 40-year-old male who sustained work-related injuries on September 19, 2012. Medical records dated January 16, 2014 indicated that the injured worker complained of constant low back pain radiating to his feet with numbness and tingling sensation and with constant bilateral groin pain. On examination, bilateral tenderness and spasms were noted over the thoracolumbar junction with minimal tenderness of the lower lumbar spine at L5-S1 level. His range of motion was limited most especially with flexion and extension. Hyperesthesia was noted at the plantar aspect of the bilateral foot. A magnetic resonance imaging scan of the thoracic spine performed on December 19, 2013 noted two millimeter or less posterior disc/endplate osteophyte complexes from T6/7 through T11/T12; mild degenerative changes of disc spaces from T4-T5 through T12-L1; mild dextroscoliosis while magnetic resonance imaging scan of the lumbar spine noted a three-millimeter posterior disc protrusion at L5-S1 accentuated slightly left of the midline suggestive of annular tear, disc desiccation and minimal degenerative disc disease; less than two-millimeter posterior disc/endplate complexes at L1-L2 and L2-L3 with mild degenerative disc disease. He was diagnosed with (a) history of lumbar disc herniation L5-S1 and (b) new injury to thoracolumbar junction with incomplete treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, two (2) times a week for eight (8) weeks for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back; Physical Therapy; Lumbago.

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

Decision rationale: Based on the evidence-based guidelines, additional physical therapy sessions are warranted if there is documentation of decrease in pain levels and functional improvement in the provided trials of physical therapy. In this case, the injured worker is noted to have been provided with three initial physical therapy sessions however absent is the documentation of the efficacy of the said treatment. This clinical presentation does not satisfy the requirements of evidence-based guidelines therefore the medical necessity of the physical therapy two times a week for eight weeks for the low back is not medically necessary.