MAXIMUS Federal Services

Case Number:	CM14-0074696		
Date Assigned:	07/16/2014	Date of Injury:	07/02/2013
Decision Date:	08/22/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/22/2014

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 claimant was injured on 07/02/13. Physical therapy x 8 visits was ordered and is under review. He injured his low back and has a diagnosis of a disc protrusion and lumbar radiculopathy. He has had therapy in the past along with chiropractic care and acupuncture. An MRI in August 2013 revealed a 4-5 mm disc at L4-5 with effect on the right L4 root. There were disc bulges and at L5-S1 there was an annular tear. On 03/17/14, he saw [redacted] and was working on modified duty. He reported that in early December he was holding some computer equipment above his head and reinjured his low back. He had received chiropractic treatment and it improved but his pain was not relieved. He was taking medications but not pain meds. He had a normal gait and no limp or list and no atrophy. There was slight tenderness and spasm of the low back was noted. Flexion was to 35 with increased low back pain. His extension was at 0. He had increased low back pain with lateral bending. Straight leg raises caused pain in the low back region. Right great toe extension was mildly weak. Sensation was intact and reflexes were decreased on the right side at the knee and ankle. PT was recommended for stretching, core strengthening, and modalities and electrodiagnostic studies were ordered. There is no mention that he has been involved in an exercise program. He saw [redacted] on 04/14/14 and had back pain radiating to the right buttock and thigh. He had tenderness and straight leg raise on the right caused back pain. His strength was 5/5. He was last certified for therapy on 04/30/14. He received chiropractic treatment in late 2013. There are no recent physical therapy notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Treatment Page(s): 130.

Decision rationale: The history and documentation do not objectively support the request for an additional 8 visits of PT at this time. The MTUS state physical medicine treatment may be indicated for some chronic conditions and "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 claimant has attended PT in the past and it reportedly helped but his course of treatment is unknown. He was certified for PT on 04/30/14 but there is no information as to his course of care or response. He appears to be highly functional and there is no clinical information that warrants the continuation of PT for an extended period of time. There is no evidence that he has been involved in an ongoing program of exercise following his previous PT which would be expected to be continued in order to encourage ongoing improvement and maintenance. The medical necessity of this request for 8 visits of therapy has not been clearly demonstrated under these circumstances. However, a modification of this request to 1 session for home exercise retraining can be supported as ongoing independent rehab is reasonable and should be pursued.