MAXIMUS Federal Services

Case Number:	CM14-0075012		
Date Assigned:	07/16/2014	Date of Injury:	03/15/2008
Decision Date:	09/19/2014	UR Denial Date:	04/19/2014
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 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 patient is a 39-year-old female who sustained an injury on 03/15/08; the injury occurred when the patient turned her body while standing at a register and felt pain in the low back. She was diagnosed with lumbago. She rated her pain in lumbar spine area at 7-10/10 without medication and 6-10/10 with medication. Physical examination revealed decreased range of motion of the lumbar spine; flexion 10. Diffuse tenderness to palpation over the lumbar paraspinous region was noted. No evidence of objective functional or neurological deficits. Muscle strength was normal. Her medication was Zanaflex 2-4 mg at bed time. The diagnoses are lumbosacral spondylosis, lumbar degenerative disc disease, and lumbalgia. Recommendations included oral medications, a possible epidural steroid injection, acupuncture, TENS and physical therapy instruction for a home exercise program till 09/17/13. According to progress notes, she responded very well to her initial 12 physical therapy sessions and improved pain levels and ROM with increased function; therefore recommendations were made to continue additional physical therapy. The request for 4 Physical Therapy visits, 1 time per week for 4 weeks for lumbar spine was denied on 04/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Physical Therapy visits, 1 time per week for 4 weeks for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: As per California MTUS guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines recommend 9 visits over 8 weeks intervertebral disc disorders without myelopathy, 10 visits over 8 weeks for Lumbar sprains and strains, Lumbago / Backache. The California MTUS - Physical Medicine; Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case, there is no record of prior physical therapy progress notes with documentation of significant improvement in the quantitative objective measurements (i.e. pain level, range of motion, strength or function) to demonstrate the effectiveness of physical therapy in this injured worker. Furthermore, there is no mention of the patient utilizing an HEP (At this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels). There is no evidence of presentation of an acute or new injury with significant findings on examination to warrant any treatments. Additionally, the request for physiotherapy would exceed the guidelines recommendation. Therefore, the request is considered not medically necessary or appropriate in accordance with the guidelines.