MAXIMUS Federal Services

Case Number:	CM14-0080434		
Date Assigned:	07/18/2014	Date of Injury:	08/27/2013
Decision Date:	09/19/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/02/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 60 year old male with a work injury dated 8/27/13. The diagnoses include chronic mid back strain; chronic low back strain; complaints of depression, anxiety and stress. Under consideration is a request for additional therapy three times a week for four weeks to the lumbar spine. There is a physician report dated 1/29/14 that stated that the patient was provided with 18 session of physical therapy to his mid back, and he made some minimal and very slight temporary relief of his pain. There is a 2/27/14 agreed medical re-evaluation that states that the patient has intermittent lower back pain with pain radiating into his buttocks. He denies having numbness and tingling in his leg. He does not have bowel or bladder dysfunction. Medications help alleviate the pain. On lumbar spine exam he has decreased range of motion, muscle guarding, pain but no verifiable radiculopathy. The document states that the MRI of the thoracic spine, the previously obtained MRl of the lumbar spine, and the soft tissue ultrasound of the buttocks reveal no significant abnormality warranting further invasive treatment. This applicant sustained a soft tissue injury to his mid and low back approximately six months ago. His condition has now reached a plateau and should be considered permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy Three times a week for four weeks for the Lumbar Spine:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 474.

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

Decision rationale: Additional physical therapy three times a week for four weeks for the lumbar spine is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation indicates the patient has already exceeded the MTUS recommendations of up to 10 visits for this condition. The documentation indicates that the prior physical therapy has not made a significant difference in functional improvement. The patient should be well versed in a home exercise program. The request for additional physical therapy three times a week for four weeks for the lumbar spine is not medically necessary.