MAXIMUS Federal Services

Case Number:	CM14-0136434		
Date Assigned:	09/03/2014	Date of Injury:	03/11/2014
Decision Date:	12/09/2015	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	08/25/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45 year old male who sustained an industrial injury on March 11, 2015. The worker is being treated for: low back pain; disc bulge L5-S1 with right sided sciatica. Subjective: June 23, 2014, August 06, 2014, continues with both pain and spasm to lower back radiating down the right lower extremity: difficulty sitting for long periods. March 14, 2014, reports lumbar spine is feeling "better with therapy." March 17, 2014, reported "doing much better, but has some discomfort." Objective: June 23, 2014, August 06, 2014, lumbar spine with paraspinal tenderness; spasm about the lumbar region and a positive Lasegue's on the right. April 28, 2014 noted physical therapy being held for orthopedic consult. Medication: August 06, 2014, prescribed Norco. May 29, 2014 prescribed: Anaprox, Norflex. May 15, 2014 prescribed Tramadol. May 06, 2014: prescribed Anaprox, Norflex, and Biofreeze. Diagnostics: lumbar spine radiography, MRI lumbar spine performed August 18, 2014. Treatments: activity modification, medication, physical therapy, trigger point injections times two April 04, 2014. On August 13, 2014 a request was made for 12 additional physical therapy (evaluate and treat) lumbar spine that was noncertified by Utilization Review on August 22, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve additional physical therapy sessions (evaluate & treatment) for the lumbar spine 3 times per week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The records indicate the patient has ongoing low back pain, which travels into the right lower extremity. The current request is for twelve additional physical therapy sessions (evaluate and treat) for the lumbar spine 3 x a week for 4 weeks. The attending physician report date 8/6/14, requests authorization for physical therapy with ultrasound, massage, therapeutic exercises, and decompression, 3x/week x 4 weeks, lumbar spine. The CA MTUS does recommend physical therapy as an option for chronic low back pain at a decreasing frequency with a transition into independent home-based exercise. The MTUS recommends for myalgia and myositis, unspecified: 9-10 visits over 8 weeks. In this case, there is no discussion offering an explanation for why additional supervised physical therapy is necessary as opposed to independent home-based exercise. The current request exceeds the MTUS guidelines and the available records to not provide support to exceed the guidelines. Therefore, the current request for 12 additional physical therapy sessions is not medically necessary.