MAXIMUS Federal Services

Case Number:	CM14-0192693		
Date Assigned:	12/01/2014	Date of Injury:	03/09/2012
Decision Date:	01/29/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/19/2014

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 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 43 year old injured worker suffered an industrial accident on 3/9/2014. The details of the accident were not included in the medical records provided. The 4/2/2012 MAGNETIC RESONANCE IMAGING report provided by the UR documents revealed congenital spinal stenosis, multiple annular tears and disc herniations with foraminal narrowing. The UR documents stated the injured worker had extensive physical therapy in the past without mention of the number of sessions and the dates authorized. The physical therapy information was not included in the medical records as well. The physician's progress notes of 6/19/2014 stated the diagnoses to be multiple lumbar disc protrusions of L3 to S1. It was also noted that epidural steroid injections were trialed with very temporary relief. The UR decision of 10/12/2014 stated the denial was premised on no subjective benefits from prior physical therapy nor was there evidence of functional improvement. It was also mentioned there was no rationale purposed as to why the exercises from the home exercise program were not sufficient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x 6 to low back: 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 Page(s): 98-99.

Decision rationale: Physical therapy 3 x 6 to low back is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for this condition. The documentation indicates that the patient has had prior extensive physical therapy. There is no documentation submitted of evidence of functional improvement from prior therapy. The request exceeds the recommended number of visits for this condition. It is unclear why the patient cannot participate in an independent home exercise program. There are no extenuating factors indicating why the patient requires 18 more supervised therapy visits for the low back. The request for physical therapy 3 x 6 is not medically necessary.