MAXIMUS Federal Services

Case Number:	CM14-0197990		
Date Assigned:	12/08/2014	Date of Injury:	12/12/2012
Decision Date:	01/22/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/25/2014

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. 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:

This case involves a 59-year-old male with a 12/12/12 date of injury. The injury occurred when he was pushing a scaffold when he felt back pain and muscles in his left leg tighten up to the point he could momentarily not walk. According to a pain management evaluation report dated 11/4/14, the patient complained of pain in the lower back with radiation to both legs. The pain was associated with numbness in the feet and weakness in the legs. He rated the severity of the pain as a 6/10, but as 5/10 at its best and 8/10 at its worst. The patient avoided going to work, physically exercising, performing household chores, and participating in recreation because of his pain. The provider has requested a total of 10 visits over 5 weeks of physical therapy (PT) to focus on joint range of motion, soft tissues modalities, and core stretching and strengthening. Objective findings include limited range of motion of lumbar spine, tenderness to palpation over bilateral lumbar paraspinal muscles consistent with spasms, left sciatic notch tenderness and gluteal spasm, positive lumbar facet loading maneuver bilaterally, sacroiliac joint tenderness, and limited hip range of motion. Diagnostic impression includes lumbago, bilateral sciatica, and peripheral diabetic neuropathy. Treatment to date includes medication management and activity modification. A UR decision dated 11/13/14 denied the request for physical therapy. A specific rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy of the 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 Therapy, General Approaches Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6, page 114 and Non-MTUS Official Disability Guidelines (ODG) Low Back Chapter, Physical Therapy

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals; frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals; and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines allow for fading of treatment frequency. In this case, there is no documentation of previous treatment and any functional improvement from that treatment. In addition, guidelines support up to 9 visits over 8 weeks, and this request for 10 sessions exceeds guideline recommendations. Therefore, this request is not medically necessary.