MAXIMUS Federal Services

Case Number:	CM14-0202085		
Date Assigned:	12/12/2014	Date of Injury:	09/04/2013
Decision Date:	02/03/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/03/2014

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 Rehab, has a subspecialty in Interventional spine 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 31 year old female with an injury date of 09/04/13. Per the 10/30/14 report the patient presents with ongoing lower back pain radiating down the right leg with stiffness, weakness and numbness. There are episodes of the right leg giving way. No examination is provided with this report. The patient is temporarily totally disabled. The examination from the 06/12/14 report reveals the patient is unable to heel to toe walk and squat due to pain. There is tenderness in the back with limited range of motion due to pain along with decreased sensation on the right L3 and L4 distribution. Straight leg raise is positive in the right lower extremity. No listed diagnoses are included in the reports provided. On 08/28/14 the treater states Norco is not helping and is discontinued and will start Soma and increase the dosage of Xanax for anxiety. The 10/30/14 report states that the prescription for Norco is renewed. The utilization review is dated 11/20/14. Reports were provided for review from 06/12/14 to 10/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice a week for six weeks for the lumbar spine: Upheld

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

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

Decision rationale: The patient presents with lower back pain radiating down the right leg. The current request is for Physical therapy twice a week for six weeks for the lumbar spine per the 10/30/14 report.The MTUS pages 98, 99 states that for Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are recommended. On 10/30/14 the treater states, "The patient only has three sessions of therapy which is not enough for the patient to really get full benefit out of therapy." This report requests for continued therapy 2 x 6 weeks. Three physical therapy treatment reports are provided for the period 09/08/14 to 10/02/14 for treatment of lumbago. The 10/02/14 report states, "Assessed ability to perform home exercise program safely and independently.", and "Client has been instructed and given a written HEP and she has demonstrated ability to retain and perform exercise." The report also recommends the client continue walking and exercise on a daily basis. The 07/24/14 report cites MRI of November 2013 showing major disc herniation with some foraminal narrowing at L5-S! On the right and recommends the patient starts therapy at 2 x 6 weeks. The reports provided do not show that these 12 sessions were completed. The utilization review cites 10 therapy sessions in 2014, but does state the dates. There is no evidence that the patient is within a post-surgical treatment period.In this case, it appears the patient has received 3 recent sessions of physical therapy for the treatment of the lumbar spine. The treater does not discuss a home exercise program or objective findings of prior therapy. The patient may benefit from continued sessions, however, the 3 sessions completed combined with the 12 sessions currently requested exceed what is allowed per MTUS. The request is not medically necessary.