MAXIMUS Federal Services

Case Number:	CM15-0004068		
Date Assigned:	01/15/2015	Date of Injury:	11/08/2012
Decision Date:	03/16/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/08/2015

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
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 38 year old man sustained an industrial injury on 11/8/2012. The mechanism of injury is not detailed. Current diagnoses include L5-S1 disc protrusion with annular tear and lower back and right leg radicular pain. Treatment has included oral medication, epidural steroid injections, swimming, and physical therapy. Physician notes on a PR-2 dated 11/5/2014 document progress in physical therapy, although the details are difficult to read as it is hand written. Physical therapy notes rated 11/4/2014 show a 50% reduction of symptoms while still experiencing pain that radiates to the calf area. It continues to state that the worker is not requiring any pain mediation at this time, however, does not detail his abilities with activities of daily living, or working.On 12/17/2014, Utilization Review evaluated a prescription for additional 12 sessions of physical therapy to the lumbar spine that was submitted on 1/6/2015. The UR physician noted that the worker has been approved for a total of 44 sessions of physical therapy, however, it is unclear how many sessions have been utilized and there is minimal documentation of objective functional improvement. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2x6, Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary

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

Decision rationale: Both MTUS and ODG Guidelines are consistent in considering up to 10 sessions of physical therapy as adequate for this patients condition. Both Guidelines strongly recommend weaning of hands on physical therapy by the time 10 sessions are reached with continued independent utilization of the activity and self protective behaviors that were part of the instruction of physical therapy. The amount of physical therapy has greatly exceeded this and there are no unusual circumstances to justify ongoing hands on therapy. It appears reasonable to expect an independent rehabiliation program by this point in time. The request for an additional 2X's week for 6 weeks of physical therapy is not consistent with Guidelines and is not medically necessary.