MAXIMUS Federal Services

Case Number:	CM15-0008871		
Date Assigned:	01/26/2015	Date of Injury:	11/13/2013
Decision Date:	03/24/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/15/2015

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, Arizona
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 47-year-old male who reported an injury on 11/09/2012. On 11/18/2014, he presented for a followup evaluation. He complained of pain in the low back rated at a 7/10 to 8/10 with radiating pain into the legs and associated numbness and weakness. A physical examination of the lumbar spine showed negative for any scars, bruises, lacerations, or abrasions, and he had no antalgic tilt. There was tenderness to palpation over the bilateral paralumbar and left gluteal muscles and tenderness over the L1-S1 spinous process. Range of motion was noted to be painful throughout the motions and limited, with forward flexion being 70 degrees, extension being 20 degrees, right and left lateral rotation to 45 degrees, and right and left lateral bending to 30 degrees. He had a positive straight leg raise bilaterally. Squat and rise test was positive. Patrick's/fabere's test was positive on the right and produced increased lumbar pain. A request was made for 8 - 12 physical therapy sessions 2 times a week for 4 to 6 weeks of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

8-12 Physical Therapy Sessions, 2x/wk for 4-6 weeks, Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58-59. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Pain, Suffering, and the Restoration of Function, 2nd Edition (2004), Chapter 6, 114

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

Decision rationale: The California MTUS Guidelines indicate that physical therapy is recommended for 9 to 10 visits over 8 weeks for myalgia and myositis unspecified. For neuralgia, neuritis, and radiculitis unspecified, 8 to 10 visits over 4 weeks is recommended. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the lumbar spine; however, there is a lack of documentation regarding the injured worker's prior treatments. Without documentation indicating whether the injured worker had had prior physical therapy treatment, the request for physical therapy would not be supported. Also, the request for 8 - 12 sessions of physical therapy 2 times a week for 4 to 6 weeks would exceed the guideline recommendations. No subjective findings were noted to support exceeding the guidelines and, therefore, the request is not supported. As such, the request is not medically necessary.