MAXIMUS Federal Services

Case Number:	CM15-0008899		
Date Assigned:	01/26/2015	Date of Injury:	08/04/2008
Decision Date:	03/24/2015	UR Denial Date:	12/31/2014
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 53-year-old male who reported an injury on 08/04/2008 due to an unspecified mechanism of injury. On 11/17/2014, he presented for a qualified medical re-evaluation. He reported ongoing pain in the low back going down to the left buttock and thigh. His medications included Celebrex, citalopram, gabapentin, Abilify, and baclofen. A physical examination of the spine showed normal lumbar curvature without any evidence of pelvic obliquity, soft tissue swelling, or discoloration. Palpatory examination was notable to tenderness eliciting along primarily the left lower lumbosacral paraspinal muscles as well as the left sciatic notch, but not at the sacroiliac joint. Straight leg raise maneuver in the supine position was notable for increased low back pain with left buttock pain and left thigh pain at 50 degrees and negative on the right at 60. Range of motion was documented as lumbar flexion to 40 degrees and lumbar extension, left and right rotation, and left and right lateral bending to 20 degrees. Reflexes were symmetric at 1/2 and sensation was decreased along the left lower extremity in a nondermatomal fashion. Strength was intact. The treatment plan was for 6 sessions of physical therapy, body part not specified. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions of Physical Therapy (Body Part Not Specified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The California MTUS Guidelines recommend physical therapy for myalgia and myositis, unspecified, at 9 to 10 visits over 8 weeks. For neuralgia, neuritis, and radiculitis, unspecified, 8 to 10 visits over 4 weeks are recommended. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the lumbar spine. However, further clarification is needed regarding the injured worker's prior treatments and the possibility of prior physical therapy treatment and how many sessions. Also, the body part that physical therapy was being requested for was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.