MAXIMUS Federal Services

Case Number:	CM15-0104139		
Date Assigned:	06/08/2015	Date of Injury:	05/25/2011
Decision Date:	07/16/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/01/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 58 year old male, who sustained an industrial injury on 5/25/2011. Diagnoses have included displacement of lumbar intervertebral disc without myelopathy, multi-level herniated nucleus pulposus (HNP) of the cervical spine with stenosis and moderate to severe neural foraminal narrowing, left lower extremity radiculopathy and lumbar herniated nucleus pulposus (HNP) at L4-5 with moderate neural foraminal narrowing. Treatment to date has included lumbar fusion (3/13/2014), lumbar epidural steroid injection, physical therapy and medication. According to the progress report dated 4/17/2015, the injured worker complained of neck and back pain rated 7/10. He reported that his activity level was limited by pain. He also complained of persistent headaches with light sensitivity. He reported that his back felt much better as compared to before surgery; however, her reported persistent numbness in the left lower extremity that radiated down to the bottom of his foot. He stated that he walked daily and used a transcutaneous electrical nerve stimulation (TENS) unit after walking. Physical exam revealed a mildly antalgic gait. Cervical and lumbar ranges of motion were decreased in all planes. There was decreased sensation in the left L5 and S1 dermatomes. Bilateral upper extremity and bilateral lower extremity reflexes were hyper-reflexive bilaterally. Authorization was requested for physical therapy to the back for an additional twelve sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy treatment to the back for 12 additional sessions (2 x per week x 6 weeks): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99 of 127. Decision based on Non-MTUS Citation ODG, Low Back and Neck Chapters, Physical Medicine.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course (10 sessions) of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no documentation of specific objective functional improvement with any previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.