MAXIMUS Federal Services

Case Number:	CM15-0137258		
Date Assigned:	07/27/2015	Date of Injury:	03/04/2012
Decision Date:	08/28/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/15/2015

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, Hawaii
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 (IW) is a 61-year-old male who sustained an industrial injury on 03/04/2012. He reported back pain incurred while lifting. The injured worker was diagnosed as having lumbago. Treatment to date has included medications. A MRI of the lumbar spine was done on 05/12/2012 and revealed multilevel degenerative changes. In the exam of 06/10/2015, the injured worker complains of constant sharp low back pain at a usual level of 8 on a scale of 0-10. The pain is increased with bending and improved by prescribed medications. Current medications include Morphine and Norco, which help the pain by 70% without side effects. On examination, there is tenderness to palpation in the low back on the left greater than the right and is worse with bending, prolonged standing and sitting. He has decreased range of motion in all planes with pain. The thoracic back has no pain with movement, tenderness to palpation or muscle spasm. He is diagnosed as degenerative disc disease of the lumbar spine. The treatment plan is to return to modified work and begin physical therapy since he has not had conservative treatment for more than three years. A request for authorization was made for the following: MNR: Physical Therapy for the lumbar spine, three times a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

MNR: Physical Therapy for the lumbar spine, three times a week for four 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 Physical Medicine Page(s): 98-99.

Decision rationale: The patient presents with constant sharp low back pain at a usual level of 8 on a scale of 0-10. The current request is for physical therapy for the lumbar spine, 3 times a week for 4 weeks. The treating physician states, in a report dated 06/10/15, "Since he has not had conservative treatment in three years, as per workers comp rules, I will send him for a course of physical therapy with an emphasis on spinal stabilization and modalities." (35B) MTUS guidelines pages 98, 99 state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. In this case, the treating physician states, "The patient has tried conservative treatment, including physical therapy, heat and bed rest with no improvement. The pain medication, Norco and morphine improved the pain by 70 percent. Side effects are none." (31B) While this patient may require some physical therapy, the current request is for 12 sessions which is not supported by MTUS. There is no documentation of any recent surgery that could possibly support physical therapy beyond the 8-10 sessions recommended by MTUS on page 98-99. The current request is not medically necessary.