MAXIMUS Federal Services

Case Number:	CM15-0139670		
Date Assigned:	07/29/2015	Date of Injury:	05/11/2009
Decision Date:	08/27/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/20/2015

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 (IW) is a 62-year-old male who sustained an industrial injury 05-11-2009. Diagnoses include lumbar intervertebral disc disorder with myelopathy. Treatment to date has included medications, physical therapy, trigger point injections and activity modification. According to the progress notes dated 6-22-15, the IW reported pain in multiple sites including the lumbar spine. He also reported numbness and tingling in the lower extremities. He rated his pain 6 out of 10 and noted the lower extremity symptoms approximately 80% of the time. He indicated he felt better with medications, rest and topical compounds. Most body movements and activity made his symptoms worse. On examination, there was tenderness to palpation in the lumbar spine, the bilateral sacroiliac joints and the bilateral buttocks. Range of motion of the lumbar spine was decreased in all planes, with crepitus and edema noted in the medial joint line. MRI of the lumbar spine on 3-24-15 showed significant narrowing of the lateral recesses bilaterally at L3-4, L4-5 and L5-S1. A request was made for physical therapy twice per week for three weeks to the lumbar spine for severe flare up of pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 3 weeks for the lumbar spine: Upheld

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

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

Decision rationale: In the case of this injured worker, the submitted documentation failed to indicate functional improvement from previous physical therapy. This functional improvement can include a reduction in work restrictions or other clinically significant improved function in activities of daily living. According to the Chronic Pain Medical Treatment Guidelines, continuation of physical therapy is contingent on demonstration of functional improvement from previous physical therapy. There is no comprehensive summary of how many sessions have been attended in total over the course of this injury, and what functional benefit the worker gained from PT. Therefore, additional physical therapy is not medically necessary.