MAXIMUS Federal Services

Case Number:	CM15-0165107		
Date Assigned:	09/02/2015	Date of Injury:	02/28/2015
Decision Date:	10/22/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/24/2015

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: Hawaii, California, Iowa
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 65 year old male who sustained an industrial injury on 2-28-15. Medical records indicate that the worker is undergoing treatment for lumbar spine spasm, lumbar degenerative disc disease, and lumbar radiculopathy. Subjective complaints (6/5/2015) include low back pain, ringing in ears, dizziness and "loss of step". Subjective complaints (6/29/2015) include "severe low back pain", tinnitus, insomnia, and gastritis. Complaints on 7/6/2015 include "persistent low back pain" and "constant (ringing of ears) (dizziness) (insomnia)". Physical exam from 3/30/2015 documented tenderness to lumbosacral junction, antalgic gait, limited lumbar range of motion, positive straight leg test, no neurological deficits to lower extremity. Objective findings (6/5/2015) revealed lumbar spine flexion 50 degree, extension 10 degrees. Objective findings (7/6/2015) include lumbar tenderness, restricted range of motion. Objective findings (7/6/2015) include lumbar range of motion flexion 45 degree, extension 10 degree, and positive bilateral straight leg test. Treatment notes dated 3/30/2015, 6/5/2015 - 7/6/2015 did not document physical exam information related to hearing, dizziness/balance/syncope, insomnia, or neurological status. The record indicates that the injured worker reported that he also had a work-related injury in 2005 in which he underwent an MRI and "was told it was positive". Treatment has included Celebrex, Ambien, U/A, Anaprox, and Prilosec. Records indicate that physical therapy treatment is ongoing, but the number of prior sessions is not clearly enumerated.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy 2x6 for the l/s: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): General Approach. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy.

Decision rationale: The provider requested authorization for physical therapy of the lumbar spine because of chronic back pain. California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a "six-visit clinical trial" of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. The treating physician writes that the request is for 'continued' physical therapy, indicating that there was prior physical therapy. The treatment notes do not clearly enumerate the number of prior physical therapy treatments. The current request is for 12 sessions (2x6). Guidelines recommend an initial trial of 6 visits and additional sessions can be warranted if improvement has been documents. Medical treatment notes do not indicate improvement that would warrant continued physical therapy. Additionally, 9-10 sessions are generally recommended for lumbar pain. This request is in excess of the 10 session limit and the treating physician does not detail what circumstances would warrant exceeding guidelines. As such, the request for 12 physical therapy 2x6 for the l/s is not medically necessary.

ENT consult: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs, early intervention.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for an ENT evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. There is no clear documentation that the patient needs an ENT evaluation as per MTUS criteria. There is no clear documentation that the patient had delayed recovery or a medical program and a response to medications that falls outside the established norm. There is no detailed characterization of the patient dizziness or objective documentation of

an END dysfunction. The provider did not document the reasons, the specific goals and end point for using the expertise of an ENT versus a neurology or cardiology specialist. Therefore, the request for ENT consultation is not medically necessary