MAXIMUS Federal Services

Case Number:	CM15-0169748		
Date Assigned:	09/10/2015	Date of Injury:	05/18/2015
Decision Date:	10/07/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/28/2015

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

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 39 year old male with an industrial injury dated 05-18-2015. The injured worker was being treated for herniated nucleus pulposus, lumbar spine (lumbar 4-lumbar 5 and lumbar 5- sacral 1) with 4 mm disk bulges at these levels with annular tears and hypertension. The submitted medical record dated 07-13-2015 (only submitted progress note) notes the injured worker complained of constant nagging pain in the lower back that traveled to his left leg. According to documentation his pain level varied throughout the day depending on activities and pain medication provided him temporary relief. Physical exam noted spasm over the paraspinal musculature. Forward flexion was 25 degree, extension 20 degree and lateral tilt right and left was 20 degree. There was decreased sensation in lateral aspect of the thigh. The injured worker noted difficulty with dressing, grooming, prolonged standing, walking, sitting and driving. His work status was temporary modified disability of no lifting greater than 10 pounds. He was on light duty semi-sedentary work. The provider documented MRI review showing herniated nucleus pulposus 4 mm lumbar 4- lumbar 5 with annular tear and herniated nucleus pulposus 4 mm lumbar 5- sacral 1 with annular tear. Prior treatment included Ibuprofen, Medrol dose pack and back support. "He had three sessions of physical therapy, providing him no pain relief." The provider documents: The patient has not had an adequate course of physical therapy, I have submitted, and RFA (request for authorization) for course of physical therapy 3 times a week for 4 weeks. The utilization review dated 07-29-2015 modified the request to 4 more sessions of therapy only.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to lower back, 3 times per week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disabilities Guidelines (ODG) Low Back, Physical therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Review indicates the previous PT sessions did not provide pain relief and current request for additional therapy was modified for 4 more sessions. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received previous therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical therapy to lower back, 3 times per week for 4 weeks is not medically necessary and appropriate.