MAXIMUS Federal Services

Case Number:	CM15-0193916		
Date Assigned:	10/07/2015	Date of Injury:	11/10/2014
Decision Date:	11/23/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/02/2015

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 is a 41 year old male who sustained an industrial-work injury on 11-10-14. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar disc herniation. Treatment to date has included pain medication including Ibuprofen, diagnostics, psyche care, left knee arthroscopy 7-16-15 physical therapy at least 4 visits for the left knee, activity modifications, and other modalities. Medical records dated (1-28-15 to 7-22-15) indicates that the injured worker complains of back pain with stiffness and tightness. The medical records also indicate worsening of the activities of daily living. Per the treating physician report dated 7-22-15 the work status is temporary total disability. The physical exam dated from (1-28-15 to 7-22-15) reveals decreased lumbar range of motion and positive reverse straight leg raise for low back pain on the left. The physician indicates that there is a lumbar disc herniation, left lateral L3-4, consistent with his pain complaints. The physician also indicates that he recommends Physical therapy times 12 sessions for core exercises for lumbar spine however, will wait for the knee to improve before lumbar spine physical therapy. The requested service included Physical therapy times 12 sessions for core exercises for lumbar spine. The original Utilization review dated 9-23-15 non-certified the request for Physical therapy times 12 sessions for core exercises for lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy times 12 sessions for core exercises for lumbar spine: Upheld

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

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

Decision rationale: The patient presents with pain affecting the cervical spine, lumbar spine, and left knee. The current request is for Physical therapy times 12 sessions for core exercises for lumbar spine. The treating physician report dated 4/27/15 (405B) states, "No specific spinal treatment is recommended other than core exercises for lumbar spine. Authorization for 12 sessions of those is requested." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided do not show the patient has received prior physical therapy for the lumbar spine. The patient's status is not post-surgical. In this case, the current request of 12 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medically necessary.