MAXIMUS Federal Services

Case Number:	CM15-0212933		
Date Assigned:	11/02/2015	Date of Injury:	01/05/2013
Decision Date:	12/18/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/29/2015

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, Texas, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 47 year old male who sustained an industrial injury on 01-05-2013. A review of the medical records indicated that the injured worker is undergoing treatment for low back pain. The injured worker is status post transforaminal lumbar interbody fusion at L5-S1 on 05-14-2015. According to the treating physician's progress report on 08-28-2015 and 09-30-2015, the injured worker experiences back pain particularly when lying on soft surfaces and getting up from the sofa. The injured worker reported improvement in range of motion and the radicular pain and numbness had resolved. Range of motion was noted as flexion at 60 degrees, extension at 30 degrees, right lateral bending at 32 degrees and left lateral bending at 30 degrees. Motor strength and sensory examinations were within normal limits and bilateral straight leg raise was negative. Lumbar spine X-rays noted pedicle bone and screws in good position according to the orthopedic evaluation dated 08-28-2015. Prior treatments have included diagnostic testing, surgery, physical therapy (24 sessions completed), home exercise program and medications. Current medications were not noted. Treatment plan consists of continuing with home exercise program, follow-up in six weeks and the current request for additional physical therapy three times a week for 4 weeks. On 10-13-2015, the Utilization Review determined the request for additional physical therapy three times a week for 4 weeks was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Low Back.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): General Approach, Initial Assessment, Initial Care, Physical Methods, Surgical Considerations, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for Physical therapy 3x a week for 4 weeks, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested Physical therapy 3x a week for 4 weeks is not medically necessary.