MAXIMUS Federal Services

Case Number:	CM15-0220565		
Date Assigned:	11/13/2015	Date of Injury:	08/30/2013
Decision Date:	12/24/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/09/2015

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: New York, Pennsylvania, Washington
Certification(s)/Specialty: Internal Medicine, Geriatric 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 37 year old male, who sustained an industrial injury on 8-30-2013. He reported sharp pain in his back into his lower extremity. The injured worker was diagnosed as having bulge of lumbar disc without myelopathy, intervertebral disc disorder with radiculopathy of lumbar region. Treatment to date has included medication, epidural injections, psychologist and physical therapy. In the progress note dated 6-2-2015, the IW complains of pain and spasm to the low back which is constant. He continues to have difficulty with prolonged sitting, standing and walking. The exam reveals spasms present about the lower lumbar region and paraspinal tenderness upon palpation. Lasegue's test is positive on the right. On the 10-12-2015 progress notes, the IW continues to have ongoing pain and spasm in his low back with pain and numbness running down his bilateral lower extremities and run to the dorsal surface of his right foot. He continues working with physical therapy with some improvement. His flexion is 40%, extension is 15%, and lateral bend to the right and to the left is 20%. The treatment plan is for physical therapy 3 times a week for 4 week for lumbar spine as an outpatient, medications and injections. The physical therapy note dated 10-22-2015, the IW rates his pain a 6 out of 10 on the pain scale. The IW completed 12 visit of physical therapy and rehabilitation potential was noted as good. The exam revealed shortened stride length and slow paced gait pattern. Lumbar spine range of motion is backward bending 20%, bilateral rotation 25%, muscle strength was 3+ out of 5 for bilateral hip flexion and abduction and bilateral plantar flexion 4- out of 5 for bilateral knee flexion and extension, 4+ out of 5 for bilateral dorsiflexion and numbness and tingling on bilateral lower extremity distally to feet, right more than left. The UR decision, dated 10-30-2015 denied additional physical therapy 3 times a week for 4 weeks for lumbar spine as an outpatient. The request for authorization, dated 10-30-2015 is for additional physical therapy 3 times a week for 4 week for lumbar spine as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional physical therapy 3 times a week for 4 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

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

Decision rationale: Physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. In this injured worker, physical therapy has already been used as a modality and a self-directed home program should be in place. The records do not support the medical necessity for additional physical therapy visits in this individual with chronic pain. Therefore, the requested treatment is not medically necessary.