MAXIMUS Federal Services

Case Number:	CM15-0033120		
Date Assigned:	02/26/2015	Date of Injury:	09/19/2014
Decision Date:	04/13/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/23/2015

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 30 year old female, who sustained an industrial injury on 9/19/2014. The diagnoses have included lumbar radiculopathy and lumbar disc disease. Treatment to date has included lumbar decompression left side L4-5, physical therapy and medication. According to the Primary Treating Physician's Progress Report dated 1/27/2015, the injured worker complained of low back pain. Low back pain was unchanged, but electrical sensations in the left foot were worse; she had good and bad days. She was taking one to three Norco daily. Physical exam revealed a slow, antalgic gait. There was tenderness to the bilateral mid to low lumbar paraspinal muscle area. Treatment plan was to continue off work, continue Norco as needed and start Neurontin. The injured worker was to continue physical therapy and home exercise program. On 2/10/2014, Utilization Review (UR) non-certified a request for physical therapy three times weekly for the lumbar spine. The Medical Treatment Utilization Schedule (MTUS) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times weekly, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 25-26.

Decision rationale: Per the 01/27/15 report the patient presents with unchanged lower back pain with worsened electrical sensations in the left foot along with antalgic gait. The current request is for PHYSICAL THERAPY 3 TIMES WEEKLY LUMBAR SPINE. The RFA is not included. The 02/10/15 utilization review states the RFA is dated 01/27/15. The patient is not working. The MTUS post-surgical treatment guidelines Pages 25, 26 state, Intervertebral disc disorders without myelopathy: Postsurgical treatment (discectomy/laminectomy): 16 visits over 8 weeks. Postsurgical physical medicine treatment period: 6 months. The non-postsurgical guidelines MTUS pages 98, 99 states that for Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are recommended. The reports provided for review show the patient is s/p lumbar decompression 07/29/14. She re-injured her back 09/19/14 while reaching for a falling pole. The treater requested physical therapy on 10/20/14. The 10/24/14 PT evaluation report for treatment of LBP, lumbar strain states the patient made excellent progress following surgery until her most recent injury. This evaluation is for a course of 9 visits. The treater notes continuing physical therapy and home exercise in reports from 11/20/14 to 01/27/15. It appears this request is dated 01/27/15, although the treater does not discuss this request. There is no evidence of prior post-surgical physical therapy for this patient. In this case, the patient is within a post-surgical treatment period as of the date of the request, and it appears the patient has received 9 of the 18 visits allowed following the 10/20/14 request. However, there is no documented functional improvement provided for these visits and no PT treatment reports are provided for review. The treater does not explain why the independent Home exercise program is not adequate. Furthermore, the request as presented is for an indeterminate number of total visits that, when combined with the already received 9 visits, may exceed what is allowed by guidelines. The request IS NOT medically necessary.