MAXIMUS Federal Services

Case Number:	CM15-0045404		
Date Assigned:	03/17/2015	Date of Injury:	09/07/2000
Decision Date:	04/24/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/10/2015

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 56 year old male who sustained an industrial injury on 09/07/2000. Current diagnosis included lumbar disc herniation. Previous treatments included medication management, lumbar epidural steroid injection, and physical therapy. Diagnostic studies included MRI of the lower back x2. Report dated 02/04/2015 noted that the injured worker presented with complaints that included chronic progressive pain in the lower back that radiates to the bilateral lower extremities with numbness and tingling in the legs and feet. Pain level was rated as 7 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included a trial of six physical therapy sessions, the injured worker deferred pain medications. Requested treatments included physical therapy 2 times per week for 6 weeks, noting that the trial of physical therapy was for re-education on home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the lumbar spine #12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The patient presents with lumbar disc herniation. The current complaints include chronic progressive pain in the lower back that radiates to the bilateral lower extremities with numbness and tingling in the legs and feet. The current request is for Physical therapy to the lumbar spine #12. The UR (9A) modified the request and issued a partial-certification for Physical Therapy for the lumbar spine Qty, 6 and stated, "The claimant presents with a flare-up of lumbar spine symptoms, further sessions will require evidence of functional and objective progress". The treating physician states on 2/4/15 (25B) "we will trial six visits of physical therapy for reeducation on home exercise program; he is having a flare up of pain at this time and will benefit from brief period of physical therapy". The patient has treating with physical therapy in the past and has experienced "good results' however; it is unclear how many treatment sessions that patient has had. The MTUS guidelines allow 8-10 therapy visits. When reading ODG guidelines for additional discussion, 6 initial therapy visits and up to 10-12 sessions are recommended with improvement. In this case, there is a request for 12 sessions. The current request for 12 sessions exceeds what MTUS allows for this type of condition, and exceeds what is recommended by ODG for a trial of 6 sessions. The treating physician appears to have originally only requested the 6 UR approved sessions but somehow the RFA was submitted for 12 sessions, which is outside of the ODG and MTUS Guidelines. Therefore, the current request is not medically necessary and the recommendation is for denial.