MAXIMUS Federal Services

Case Number:	CM15-0051012		
Date Assigned:	03/24/2015	Date of Injury:	06/12/2011
Decision Date:	05/04/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/17/2015

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, Pain Management

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 June 12, 2011. She reported lifting pallet cases of water with an onset of pain in the lower back, with pain in the right leg beginning six months later. The injured worker was diagnosed as having right L4-L5 microdiscectomy February 13, 2014, and persistent stenosis L3-S1. Treatment to date has included physical therapy, lumbar MRI, epidural steroid injection (ESI), and medication. Currently, the injured worker complains of lower back and right leg pain. The Primary Treating Physician's report dated January 20, 2015, noted the injured worker reported that physical therapy was helping with her pain. Examination was noted to show the neurological examination of the lower extremities was intact with regard to motor strength, sensation, and deep tendon reflexes. A lumbar spine MRI from November 4, 2014, was noted to show degenerative change L3 through S1, a broad based right central disc protrusion with moderate to severe central stenosis at L3-L4, at L4-L5 a 6-7mm broad based central and left disc protrusion with severe central and right lateral stenosis, and at L5-S1 a 4-5mm broad based central protrusion with moderate to severe central stenosis but no foraminal stenosis. The Physician noted the injured worker with continued right sciatica, with some recurrence of disc herniation at L4-L5 where she had a previous discectomy with central stenosis at this level indicating that the entire motion segment is failing, and recommended that the injured worker continue with physical therapy for the present time as it had been helping.

IMR ISSUES, DECISIONS AND RATIONALES

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

Phyical therapy to the lumbar spine three times a week for four weeks (3x4): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

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

Decision rationale: Regarding the request for physical therapy, 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, the patient has already had 3 sessions of physical therapy in 12/2014. However, there is no clear documentation of functional improvement from the prior sessions. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS as the prescriber appears to have ordered physcial therapy for primarily right sciatica pain. Unfortunately, there is no provision for modification of the current request. In the absence of such documentation, the current request for physical therapy is not medically necessary.