MAXIMUS Federal Services

Case Number:	CM15-0080632		
Date Assigned:	05/01/2015	Date of Injury:	03/17/2013
Decision Date:	06/22/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/27/2015

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 (IW) is a 39 year old male who sustained an industrial injury on 03/17/2013. He reported lumbosacral sprain. The injured worker was diagnosed status lumbar laminectomy decompression L3-L4, L5-S1 intervertebral disc disorder, Lumbar degenerative disc disorder, Left L 5-S1 radiculopathy, acute flare up of low back pain. Currently, the injured worker complains of a sharp pinching pain about the left side of the low back with persistent radiation into the left lower extremities. The right-sided radicular complaints are somewhat improved. On 03/09 a MRI was ordered to evaluate potential for spinal intervention including injection or surgery. Ranges of motion of the low back were 50% of what was normally expected in flexion and extension and the restriction was attributed to pain. There was no abnormal curvature or axial deviation. There was moderate tenderness with associated guarding and muscle spasm formation over the left side of the low back and to a lesser extent on the right side. Flexion appeared to be within normal limits. There was decreased sensation over the left L5-S1 dermatomal distribution. There was positive SLR on the left both seated and supine. A request was made for physical therapy, lumbar spine 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, lumbar spine, 6 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines Page(s): 98-99.

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

Decision rationale: This patient presents with low back pain with a sharp shooting pain down the right leg. The current request is for Physical therapy lumbar spine, 6 sessions. The Request for Authorization is not provided in the medical file. Treatment history includes lumbar surgery in 2013, physical therapy, chiropractic treatments, TENS, and medications. The patient is currently working. The MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines 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 patient is status post lumbar surgery from 03/17/13. He received 36 post-operative physical therapy sessions ending in 2013. He has been managing his symptoms with conservative care including medications and a TENS unit. On 01/12/15, the patient reported that while at work he was getting off a forklift and felt a sharp shooting pain down the right leg with severe pain. Examination revealed slight antalgic gain, moderate tenderness, moderate muscle guarding, decreased ROM and positive SLR. Treatment plans was for modified work, short course of physical therapy 2x3, and follow up in -6 weeks. This patient has not received physical therapy since his 2013 low back surgery. The patient has been able to continue work with conservative care thus far. Given the patient's flare-up and lack of any recent therapy, a short course of 6 sessions is reasonable. The requested therapy is medically necessary.