MAXIMUS Federal Services

Case Number:	CM15-0086895		
Date Assigned:	05/11/2015	Date of Injury:	06/20/2014
Decision Date:	06/16/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/06/2015

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, Occupational 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 48-year-old male, who sustained an industrial injury on 6/20/2014. He reported repetitive lifting and bending resulted in acute low back pain with radiation to the left lower extremity. Diagnoses include lumbar disc disease, facet arthropathy and ligamentum flavum redundancy and lumbar radiculopathy. Treatments to date include medication therapy. Topical cream, physical therapy, home exercise, acupuncture treatments, and therapeutic injections. Currently, he complained of ongoing severe low back tension, spasm and stiffness with radiation to the lower extremities. Pain was rated between 4/10 and 7/10 VAS in severity. On 3/9/15, the physical examination documented decreased lumbar range of motion with tenderness and spasm in the lumbar spine. There was decreased sensation noted in the left leg and foot and weakness noted in the left foot. There was a positive straight leg raise test on the left. The provider documented that there were previous recommendations for surgical intervention to the lumbar spine and that due to the injured workers reservation regarding surgery, conservative measures were being pursued. The plan of care included physical therapy twice a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy lumbar spine 2 times a week for 6 weeks: 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): 99.

Decision rationale: MTUS 2009 recommends up to 10 sessions of physical therapy. The patient has already exceeded the recommended number of sessions. The prior sessions did not appear to result in any meaningful clinical improvement. There is no change requested in the PT approach, which is important since the last sessions were not helpful. Furthermore, the patient has a compressed lumbar nerve root with weakness in his foot. Surgery has been approved. The medical records do not explain how therapy can reverse the nerve root compression. Based upon the lack of explanation for why additional therapy would be effective when past therapy as not been, this request for additional PT is not medically necessary.